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MEDICARE / MEDICAID NURSING HOME INFORMATION

OHIO

Part 3

NEW BREMEN to ZANESVILLE

U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

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MEDICARE/MEDICAID NURSING HOME INFORMATION

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Part 3

NEW BREMEN TO ZANESVILLE

Otis R. Bowen, M.D.
Secretary
U.S. Department of Health & Human Services

William L. Roper, M.D.
Administrator
Health Care Financing Administration

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Washington, D.C. 20402

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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DEPARTMENT OF HEALTH & HUMAN SERVICES Health Care Financing Administration

The Administrator
Washington, D.C. 20201

INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, ''Further Considerations.'' This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

William L. Roper

William L. Roper, M.D.
Administrator

USES AND LIMITATIONS

Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see ''Further Considerations'') provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.

Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a ''snapshot'' of the conditions in the nursing home at that time. The information does not describe the home's success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

SOURCES OF INFORMATION

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the ''State Government'' section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

Public and General Sources

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

State Government

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.

246 N. High Street
Post Office Box 118
Columbus, Ohio 43266-0118

Telephone (614) 466-3543

RICHARD F. CELESTE
Governor

Overview of Ohio's Nursing Home Licensure Program

The Ohio Department of Health is responsible for the inspection of "homes" and the enforcement of licensure regulations for all nursing homes licensed in Ohio. (In addition, the Ohio Department of Health under contract with the Federal Government, surveys nursing homes that participate in the Medicare and Medicaid programs to ensure that these nursing homes are in compliance with federal regulations.)

The laws of the State of Ohio require that all "homes" providing nursing care to three or more individuals be licensed by the State Department of Health as a nursing home. After the home is licensed, it may also, participate in the Medicare/Medicaid reimbursement programs, or it may operate as a private pay facility. The purpose of the licensure program is to assure that quality health care services are available to all of Ohio's nursing home residents. This goal is achieved by the enforcement of standards for operation, through annual inspections to determine compliance.

Ohio's licensing program is administered by the State Health Department's Bureau of Medical Services, Division of Licensure and Certification, Quality Control Program, and consists of a licensure administrator, licensing specialist and investigator of unlicensed homes. The annual inspections are conducting by the Survey Operations Program of the Division of Licensing and Certification, which has teams of surveyors located in five district offices.

Overview of Enforcement Structure

Revocation of a nursing home's license is authorized by section 3721.03 of the Ohio Revised Code for violation of the statutes or rules establishing licensure standards. Section 3721.07 of the Revised Code contains similar provisions for denial of license applications. The Ohio Department of Health must provide an evidentiary hearing, under the state's administrative procedures act, before taking these license actions. Section 3721.08 of the Revised Code authorizes the Director of Health to file a complaint for an injunction against a nursing home that is operating without a license or that presents a real and present danger to the health or safety of any occupants of the home. Section 3721.99 of the Revised Code provides for fines with maximum amounts of one hundred and five hundred dollars for violation the licensing statutes.

In addition, state law contains provisions relating to enforcement of patients' rights (administrative fines and a private right of action) and sanctions for medicaid fraud and abuse and for violation of other aspects of the medicaid reimbursement system and the certificate of need statutes. Other state statutes establish criminal penalties for abuse or neglect of nursing home residents.

Resources Available to Consumers

The Ohio Department of Health

Full copies of the Licensure inspection reports are available for public inspection at the Ohio Department of Health and are also, required to be available for inspection at the facility. Medicare and Medicaid certification reports are on file at Social Security Offices and at the County Department of Human Services as well as the Ohio Department of Health, complaints concerning the operation of a licensed home as well as those that may operate without a required license may be made by telephone or by letter to the Central Office in Columbus. Most other matters also, should be directed to the Central Office unless it has to do with specific survey issues.

Main Address:
Ohio Department of Health
Bureau of Medical Services
246 North High Street
Columbus, Ohio 43266-0588

Telephone:
(614)466-2070 General
(614)644-8562 Office of Public Relations

District Offices:
Northeast - Akron, Ohio
(216)379-1300

Northwest - Bowling Green, Ohio
(419)352-6591

Southeast - Logan, Ohio
(614)385-6851

Southwest - Dayton, Ohio
(513)449-6250

Central - Columbus, Ohio
(614)466-5357

The Ohio Department of Human Services

Responsible for the administration and for reimbursement under the Medicaid program. In addition, Ohio Department of Human Services investigates complaints of discrimination against Medicaid beneficiaries seeking admission to Ohio nursing homes and investigates misuse of the Personal Needs Allowance received by residents who are Medicaid beneficiaries.

Main Address: Ohio Department of Human Services
Division of Long Term Care
30 East Broad Street
Columbus, Ohio 43266-0423

Telephone: Division Chief (614)466-9243

Policy Unit (614)466-9243

Bureau of Developmental
Disabled Services (614)466-6694

Bureau of Community Services
(614)466-6742

Bureau of Audits and Reimbursements
(614)466-8460

Bureau of Resident Services
(614)466-8618

The Ohio Department of Aging

Administers the Office of the State Long Term Care Facilities Ombudsman. This Office, through its twelve regional ombudsmen programs responds to complaints filed on behalf of the residents of nursing homes. The Office maintains a toll-free hotline for receipt of complaints. The goal of the Office is to resolve complaints through negotiation and mediation with nursing homes. Ohio Department of Aging also, is responsible for the investigation of violations of the Ohio Nursing Home Residents' Bill of Rights. Ohio Department of Aging maintains in investigative unit apart from the Ombudsman program that can bring formal charges against nursing homes that violate the rights of residents. These charges can lead to compliance orders and/or fines against a nursing home found to be in violation.

Main Address: Ohio Department of Aging
Long Term Care Facilities Ombudsman
Ninth Floor
50 West Broad Street
Columbus, Ohio 43266-0501

Telephone: (614)466-1220
TDD: (614)466-6191
Toll Free: (800)282-1206

The Board of Examiners of Nursing Home Administrators

Licenses Administrators of Long Term Care Facilities.

Address: Board of Examiners
Nursing Home Administrators
P.O. Box 118
131 North High Street
Columbus, Ohio 43266-0118

Telephone: (614)466-5114

The Ohio Attorney General

Responsible for the investigation of Medicaid fraud. In addition, this unit also conducts investigations of resident neglect or abuse that can lead to the filing of criminal charges. The Attorney General's office maintains a toll-free number for the receipt of these complaints (1-800-64-ABUSE). Please see the attached information provided by the Attorney General.

Attorney General
Anthony J. Celebrezze, Jr.

The Division of Medicaid Fraud Control (DMFC) within the office of Attorney General Anthony J. Celebrezze, Jr., has two (2) important functions in relation to the enforcement efforts of the State of Ohio with respect to nursing homes. The first of these functions is that of investigating and prosecuting health care providers who defraud the Medicaid program. The second function is to conduct investigations and prosecutions arising from allegations of patient abuse and neglect in any of Ohio's care facilities. These functions are performed out of the offices of the DMFC, located at 65 S. Front St., Suite 406, Columbus, Ohio 43266.

In order to fulfill its responsibilities with respect to Medicaid fraud, the DMFC has employed eighteen (18) Special Agents and eight (8) attorneys. These persons are assigned to investigate and prosecute the various allegations of Medicaid fraud received by the Division from all over the State of Ohio. These investigations are conducted in conjunction with a Special Grand Jury impanelled by the Court of Common Pleas of Franklin County, Ohio. That grand jury has the authority to issue subpoenas requiring the attendance of witnesses and the production of documents relevant to Medicaid fraud investigations. Moreover, that grand jury has the power to issue indictments charging individuals or organizational entities with crimes against the Medicaid program. Indictments returned by the Special Grand Jury most frequently charge the crimes of Theft, Forgery and Medicaid Fraud.

With respect to investigations of patient abuse and neglect, the DMFC currently has a staff of six (6) Special Agents and two (2)

State Office Building / 65 South Front Street, Room 406 / Columbus, Ohio 43266-0328

attorneys. These persons are responsible for investigating and preparing for prosecution, when appropriate, all allegations of abuse and neglect of which the division becomes aware. This authority was recently conferred on the Office of the Attorney General through Revised Code Section 109.86. That code section was enacted as part of Amended H.B. 566, which became effective in Ohio on September 17, 1986. In addition to empowering the Attorney General's Office to investigate and prosecute instances of abuse and neglect, that bill also created four (4) new criminal offenses dealing with the abuse of patients or residents of Ohio's care facilities. These new offenses are found in Revised Code Section 2903.34. That code section proscribes the following offenses:

1. Gross Abuse - knowingly causing serious physical harm to a person by physical contact;
2. Abuse - knowingly causing physical harm or recklessly causing serious physical harm to a person by physical contact or by the inappropriate use of a physical or chemical restraint, medication or isolation;
3. Gross Neglect - knowingly failing to provide a person with any treatment, care, goods or service necessary to maintain the health or safety of a person when the failure results in physical harm or serious physical harm; and
4. Neglect - recklessly failing to provide a person with any treatment, care, goods or service necessary to maintain the health or safety of a person when the failure results in serious physical harm to the person.

Instances of abuse and neglect may be reported to the Office of the Attorney General through a toll-free hot-line operated on a twenty-four hour basis. The number for that hot-line is 1-800-64-ABUSE.

Federal Government

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

Office of the Inspector General (OIG)

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers
Outside Maryland: 1-(800) 368-5779
Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

Administration on Aging (AoA)

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

1) creates and supports a national network on aging;
2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.

AoA Regional Offices

Regional Program Director, AoA
DHHS Region I
Room 2011
JFK Federal Building
Boston, MA 02203
(617) 565-1158

Regional Program Director, AoA
DHHS Region II
Room 4149
26 Federal Plaza
New York, NY 10278
(212) 264-3472

Regional Program Director, AoA
DHHS Region III
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-0334

Regional Program Director, AoA
DHHS Region IV
Suite 903
101 Marietta Tower
Atlanta, GA 30323
(404) 331-5900

Regional Program Director, AoA
DHHS Region V
13th Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-3141

Regional Program Director, AoA
DHHS Region VI
Room 1000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-2971

Regional Program Director, AoA
DHHS Region VII
Room 384
601 East 12th Street
Kansas City, MO 64106
(816) 426-2955

Regional Program Director, AoA
DHHS Region VIII
Room 1185
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2951

Regional Program Director, AoA
DHHS Region IX
Room 480
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-6003

Regional Program Director, AoA
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-5341

Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

OCR Regional Offices

Director, OCR
DHHS Region I
Room 2403
JFK Federal Building
Boston, MA 02203
(617) 565-1340

Director, OCR
DHHS Region II
Room 3312
26 Federal Plaza
New York, NY 10278
(212) 264-3313

Director, OCR
DHHS Region III
Room 6300
3535 Market Street
P.O. Box 13716
Philadelphia, PA 19101
(215) 596-1262

Director, OCR
DHHS Region IV
Room 1502
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2779

Director, OCR
DHHS Region V
33rd Floor
300 South Wacker Drive
Chicago, IL 60606
(312) 353-2520

Director, OCR
DHHS Region VI
Room 1360
1200 Main Tower Building
Dallas, TX 75202
(214) 767-4056

Director, OCR
DHHS Region VII
Room 248
601 East 12th Street
Kansas City, MO 64106
(816) 426-7277

Director, OCR
DHHS Region VIII
Room 844
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-2024

Director, OCR
DHHS Region IX
Room 322
Federal Office Building
50 United Nations Plaza
San Francisco, CA 94102
(415) 556-8586

Director, OCR
DHHS Region X
The Third and Broad Building
2901 Third Avenue
Seattle, WA 98121
(206) 442-0473

Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

1) quality health care to eligible beneficiaries;
2) awareness of the services for which beneficiaries are eligible; and
3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

HCFA Regional Offices

Associate Regional Administrator
DHHS Region I, HCFA
Division of Health Standards and Quality
Room 1309
JFK Federal Building
Boston, MA 02203
(617) 565-1331

Associate Regional Administrator
DHHS Region II, HCFA
Division of Health Standards and Quality
Room 3821
26 Federal Plaza
New York, NY 10278
(212) 264-3219

Associate Regional Administrator
DHHS Region III, HCFA
Division of Health Standards and Quality
3535 Market Street
P.O. Box 7760
Philadelphia, PA 19101
(215) 596-0997

Associate Regional Administrator
DHHS Region IV, HCFA
Division of Health Standards and Quality
Suite 601
101 Marietta Tower
Atlanta, GA 30323
(404) 331-2488

Associate Regional Administrator
DHHS Region V, HCFA
Division of Health Standards and Quality
Room 941
175 West Jackson Boulevard
Chicago, IL 60604
(312) 353-9804

Associate Regional Administrator
DHHS Region VI, HCFA
Division of Health Standards and Quality
Room 2000
1200 Main Tower Building
Dallas, TX 75202
(214) 767-6301

Associate Regional Administrator
DHHS Region VII, HCFA
Division of Health Standards and Quality
Room 284
601 East 12th Street
Kansas City, MO 64106
(816) 374-2408

Associate Regional Administrator
DHHS Region VIII, HCFA
Division of Health Standards and Quality
Room 1194
Federal Office Building
1961 Stout Street
Denver, CO 80294
(303) 844-4721

Associate Regional Administrator
DHHS Region IX, HCFA
Division of Health Standards and Quality
100 Van Ness Avenue
San Francisco, CA 94102
(415) 556-0041

Associate Regional Administrator
DHHS Region X, HCFA
Division of Health Standards and Quality
2901 Third Avenue
Seattle, WA 98121
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont

Region II/New York

New Jersey, New York, Puerto Rico, and Virgin Islands

Region III/Philadelphia

Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, and West Virginia

Region IV/Atlanta

Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, and Tennessee

Region V/Chicago

Illinois, Indiana, Michigan, Minnesota, Ohio, and Wisconsin

Region VI/Dallas

Arkansas, Louisiana, New Mexico, Oklahoma, and Texas

Region VII/Kansas City

Iowa, Kansas, Missouri, and Nebraska

Region VIII/Denver

Colorado, Montana, North Dakota, South Dakota, Utah, and Wyoming

Region IX/San Francisco

Arizona, California, Hawaii, Nevada, American Samoa, and Guam

Region X/Seattle

Alaska, Idaho, Oregon, and Washington

FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

Physical Environment

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

Medical and Nursing Services

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

Food

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

Social Services and Activities

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

GLOSSARY OF TERMS

Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

Bed Sore. A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are ''pressure sore'' or ''decubitus.''

Catheter. See **Urinary Catheter.**

Colostomy or Ileostomy. A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

Fluids Supplied Through Tubes. A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

Incompetent. A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

Injections. Medicine given by inserting a needle into muscle or tissue.

Isolation Techniques. These are methods to ensure that infection does not spread from one part of a resident's body to another, or from one resident to another.

Rehabilitative Bowel and Bladder Training. A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

Respiratory Care. A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

Restraints. Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident's physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.

Skin Breakdown. When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore.**

Suctioning. A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

Tracheotomy Care. A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

Transferring. This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

Urinary Catheter. A tube inserted into the bladder to remove urine.

HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

EXAMPLE

NURSING HOME PROFILE
Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

Name:	Self-explanatory
Street Address:	Self-explanatory
City and State:	Self-explanatory

Participation: The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

Skilled Nursing Facility (SNF)—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

Intermediate Care Facility (ICF)—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

Number of Beds: This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

Type of Ownership: This block describes the type of organization that operates the nursing home. These include:

Non-profit-religious—A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

Non-profit-private—A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

Non-profit-other—A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

Proprietary—A nursing home operated for profit.

Government—A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

Survey Date: The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

EXAMPLE

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:

Medicare Residents:

Medicaid Residents:

Caution: *A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.*	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1—Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2—Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3—State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4—Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

EXAMPLE

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: *These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.*	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	6	5.0	489	5.0

The last section of the profile "Selected Performance Indicators," tells about the nursing home's performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home's performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, "The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed."

Column 1—Facility Met/Not Met: Shows either "Met" or "Not Met." "Met" means that the nursing home performed satisfactorily in this area. "Not Met" would mean that the home did not perform satisfactorily in this area.

Column 2—State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3—State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4—Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5—Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.

NURSING HOME PROFILE
LONE PINE NH

Street Address: 403 N MAIN ST		**City and State:** NEW BREMEN OH 45869	
Participation: MEDICAID ICF	**# of Beds:** 19	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
11	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	81.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	9	81.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	7	63.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	63.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	54.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	45.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	36.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	36.4	37.3	39.1
Residents requiring restraints.	3	27.3	36.1	31.7
Confused or disoriented residents.	6	54.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	18.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELLE MANOR NURSING HOME

Street Address: 107 N PIKE STREET		**City and State:** NEW CARLISLE OH 45344	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 123	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 103	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	101	98.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	99	96.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	78	75.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	76.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	75.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	49	47.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	75	72.8	49.1	50.8
Residents requiring restraints.	54	52.4	43.2	41.3
Confused or disoriented residents.	53	51.5	59.0	58.4
Residents with bed sores.	2	1.9	7.6	7.1
Residents receiving special skin care.	15	14.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DAY VIEW CARE CENTER

Street Address: 1885 DAYTON-LAKEVIEW ROAD		**City and State:** NEW CARLISLE OH 45344	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
50	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	90.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	33	66.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	33	66.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	62.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	36.0	33.9	29.3
Completely bedfast residents.	1	2.0	1.6	3.6
Residents confined to chairs.	25	50.0	37.3	39.1
Residents requiring restraints.	16	32.0	36.1	31.7
Confused or disoriented residents.	0	0.0	60.6	55.8
Residents with bed sores.	7	14.0	5.3	4.7
Residents receiving special skin care.	7	14.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW CONCORD NUR CTR

Street Address: RT 3 75 FOX CREEK RD		**City and State:** NEW CONCORD OH 43762	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	95.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	43	87.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	40	81.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	63.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	53.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	42.9	33.9	29.3
Completely bedfast residents.	2	4.1	1.6	3.6
Residents confined to chairs.	27	55.1	37.3	39.1
Residents requiring restraints.	12	24.5	36.1	31.7
Confused or disoriented residents.	42	85.7	60.6	55.8
Residents with bed sores.	3	6.1	5.3	4.7
Residents receiving special skin care.	12	24.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROYAL VILLA CARE CENTER INC

Street Address: 101 MILLS PLACE	**City and State:** NEW LEBANON OH 45345

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	91.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	75	88.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	72	84.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	90.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	81.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	25	29.4	33.9	29.3
Completely bedfast residents.	1	1.2	1.6	3.6
Residents confined to chairs.	51	60.0	37.3	39.1
Residents requiring restraints.	43	50.6	36.1	31.7
Confused or disoriented residents.	51	60.0	60.6	55.8
Residents with bed sores.	2	2.4	5.3	4.7
Residents receiving special skin care.	62	72.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE OF NEW LEXINGTON NSG & REHAB

Street Address: 920 S MAIN		**City and State:** NEW LEXINGTON OH 43764	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	19	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	19	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	18	94.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	94.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	84.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	57.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	18	94.7	49.1	50.8
Residents requiring restraints.	4	21.1	43.2	41.3
Confused or disoriented residents.	9	47.4	59.0	58.4
Residents with bed sores.	4	21.1	7.6	7.1
Residents receiving special skin care.	17	89.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FIRELANDS NURSING CET

Street Address: 204 W MAIN ST		**City and State:** NEW LONDON OH 44851	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	66.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	41	87.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	37	78.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	70.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	29.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	80.9	43.0	37.7
Completely bedfast residents.	2	4.3	3.4	3.4
Residents confined to chairs.	12	25.5	49.1	50.8
Residents requiring restraints.	13	27.7	43.2	41.3
Confused or disoriented residents.	15	31.9	59.0	58.4
Residents with bed sores.	4	8.5	7.6	7.1
Residents receiving special skin care.	15	31.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH BROADWAY NURSING HOME

Street Address: 245 251 BROADWAY		**City and State:** NEW PHILADELPHIA OH 44663	
Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 42	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	71.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	30	71.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	57.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	26	61.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	28.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	31.0	37.3	39.1
Residents requiring restraints.	11	26.2	36.1	31.7
Confused or disoriented residents.	19	45.2	60.6	55.8
Residents with bed sores.	1	2.4	5.3	4.7
Residents receiving special skin care.	12	28.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY MANOR NURSING HOME

Street Address: ROUTE 5	**City and State:** NEW PHILADELPHIA OH 44663

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 219	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 185	**Medicare Residents:** 2	**Medicaid Residents:** 136

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	155	83.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	171	92.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	151	81.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	144	77.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	140	75.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	75	40.5	43.0	37.7
Completely bedfast residents.	4	2.2	3.4	3.4
Residents confined to chairs.	100	54.1	49.1	50.8
Residents requiring restraints.	83	44.9	43.2	41.3
Confused or disoriented residents.	117	63.2	59.0	58.4
Residents with bed sores.	10	5.4	7.6	7.1
Residents receiving special skin care.	24	13.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOBBINS NURSING HOME

Street Address: 400 MAIN STREET		**City and State:** NEW RICHMOND OH 45157	
Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	57.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	14	66.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	66.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	66.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	61.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	23.8	33.9	29.3
Completely bedfast residents.	1	4.8	1.6	3.6
Residents confined to chairs.	3	14.3	37.3	39.1
Residents requiring restraints.	2	9.5	36.1	31.7
Confused or disoriented residents.	7	33.3	60.6	55.8
Residents with bed sores.	2	9.5	5.3	4.7
Residents receiving special skin care.	3	14.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARLINGTON NURSING HOME

Street Address: 98 S 30TH STREET		**City and State:** NEWARK OH 43055	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 200	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 193	**Medicare Residents:** 3	**Medicaid Residents:** 142

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	174	90.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	174	90.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	149	77.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	89.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	134	69.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	18	9.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	129	66.8	43.0	37.7
Completely bedfast residents.	10	5.2	3.4	3.4
Residents confined to chairs.	125	64.8	49.1	50.8
Residents requiring restraints.	67	34.7	43.2	41.3
Confused or disoriented residents.	98	50.8	59.0	58.4
Residents with bed sores.	6	3.1	7.6	7.1
Residents receiving special skin care.	47	24.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ATHENA NURSING CTR

Street Address: 17 FORRY STREET	**City and State:** NEWARK OH 43055

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	93.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	38	84.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	66.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	77.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	13.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	17.8	37.3	39.1
Residents requiring restraints.	17	37.8	36.1	31.7
Confused or disoriented residents.	27	60.0	60.6	55.8
Residents with bed sores.	3	6.7	5.3	4.7
Residents receiving special skin care.	22	48.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
L P N GERIATRIC NURSING CENTER

Street Address: 1450 WEST MAIN STREET		**City and State:** NEWARK OH 43055	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	97.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	87	87.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	79	79.0	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	89.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	50	50.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	48	48.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	27.0	43.0	37.7
Completely bedfast residents.	2	2.0	3.4	3.4
Residents confined to chairs.	48	48.0	49.1	50.8
Residents requiring restraints.	46	46.0	43.2	41.3
Confused or disoriented residents.	68	68.0	59.0	58.4
Residents with bed sores.	4	4.0	7.6	7.1
Residents receiving special skin care.	100	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
L P N HEALTH CARE FACILITY INC

Street Address: 151 PRICE ROAD	**City and State:** NEWARK OH 43055

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 1	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	89	89.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	80	80.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	73	73.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	73.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	62.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	38	38.4	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	31.3	43.0	37.7
Completely bedfast residents.	2	2.0	3.4	3.4
Residents confined to chairs.	59	59.6	49.1	50.8
Residents requiring restraints.	36	36.4	43.2	41.3
Confused or disoriented residents.	47	47.5	59.0	58.4
Residents with bed sores.	4	4.0	7.6	7.1
Residents receiving special skin care.	15	15.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEWARK HEALTH CARE CENTER

Street Address: 75-85 MCMILLEN DR		**City and State:** NEWARK OH 43055	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 300	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
12	2	8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	75.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	9	75.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	9	75.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	83.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	75.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	8.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	58.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	9	75.0	49.1	50.8
Residents requiring restraints.	6	50.0	43.2	41.3
Confused or disoriented residents.	7	58.3	59.0	58.4
Residents with bed sores.	1	8.3	7.6	7.1
Residents receiving special skin care.	3	25.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY HILL NURSING HOME

Street Address: 10190 FAIRMONT RD		**City and State:** NEWBURY OH 44065	
Participation: MEDICAID ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
73	0	33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	16.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	65	89.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	67.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	75.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	51	69.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	16	21.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	37.0	33.9	29.3
Completely bedfast residents.	1	1.4	1.6	3.6
Residents confined to chairs.	38	52.1	37.3	39.1
Residents requiring restraints.	32	43.8	36.1	31.7
Confused or disoriented residents.	41	56.2	60.6	55.8
Residents with bed sores.	7	9.6	5.3	4.7
Residents receiving special skin care.	38	52.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE MANOR REHAB NURSING CTR

Street Address: 1100 EAST STATE RD	**City and State:** NEWCOMERSTOWN OH 43832

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 1	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	96.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	77	80.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	80.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	83.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	63.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	41	42.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	65	67.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	27	28.1	49.1	50.8
Residents requiring restraints.	48	50.0	43.2	41.3
Confused or disoriented residents.	13	13.5	59.0	58.4
Residents with bed sores.	3	3.1	7.6	7.1
Residents receiving special skin care.	17	17.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHARLES COURT HEALTH CARE CENTER

Street Address: 150 CHARLES COURT		**City and State:** NEWTON FALLS OH 44444	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
24	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	23	95.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	83.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	45.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	16	66.7	37.3	39.1
Residents requiring restraints.	14	58.3	36.1	31.7
Confused or disoriented residents.	24	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	24	100	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAURIE ANN NURSING HOME

Street Address: 2200 MILTON BLVD	**City and State:** NEWTON FALLS OH 44444

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	37	97.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	33	86.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	84.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	81.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	36.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	14	36.8	37.3	39.1
Residents requiring restraints.	21	55.3	36.1	31.7
Confused or disoriented residents.	22	57.9	60.6	55.8
Residents with bed sores.	3	7.9	5.3	4.7
Residents receiving special skin care.	6	15.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN HILLS CARE CENTER

Street Address: 2565 NILES VIENNA ROAD	**City and State:** NILES OH 44446

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
78	1	72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	94.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	73	93.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	60	76.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	87.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	61.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	32.1	43.0	37.7
Completely bedfast residents.	2	2.6	3.4	3.4
Residents confined to chairs.	50	64.1	49.1	50.8
Residents requiring restraints.	51	65.4	43.2	41.3
Confused or disoriented residents.	51	65.4	59.0	58.4
Residents with bed sores.	12	15.4	7.6	7.1
Residents receiving special skin care.	25	32.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHEPHERD OF THE VALLEY

Street Address:	City and State:
1500 MCKINLEY AVE	NILES OH 44446

Participation:	# of Beds:	Type of Ownership:	Survey Date:
MEDICARE/MEDICAID SNF/ICF	140	NON-PROFIT RELIGIOUS	07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
95	1	59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	97.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	93	97.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	92	96.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	97.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	80.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	57	60.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	50.5	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	53	55.8	49.1	50.8
Residents requiring restraints.	62	65.3	43.2	41.3
Confused or disoriented residents.	71	74.7	59.0	58.4
Residents with bed sores.	9	9.5	7.6	7.1
Residents receiving special skin care.	60	63.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BLAKELY CARE CENTER

Street Address: 600 STERLING DRIVE	**City and State:** NORTH BALTIMORE OH 45872

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 2	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	56.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	39	76.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	39	76.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	47.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	45.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	29.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	16	31.4	49.1	50.8
Residents requiring restraints.	18	35.3	43.2	41.3
Confused or disoriented residents.	20	39.2	59.0	58.4
Residents with bed sores.	1	2.0	7.6	7.1
Residents receiving special skin care.	4	7.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST LUKE LUTHERAN HOME

Street Address: 220 APPLEGROVE ST NE		**City and State:** NORTH CANTON OH 44720	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 234	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
146	0	91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	74.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	107	73.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	87	59.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	49.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	57.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	12	8.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	21.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	57	39.0	49.1	50.8
Residents requiring restraints.	40	27.4	43.2	41.3
Confused or disoriented residents.	94	64.4	59.0	58.4
Residents with bed sores.	10	6.8	7.6	7.1
Residents receiving special skin care.	34	23.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DIAMONDHEAD EXTENDED CARE CTR I

Street Address: 9174 MARKET ST		**City and State:** NORTH LIMA OH 44452	
Participation: MEDICAID ICF	**# of Beds:** 130	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
84	0	84

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	78	92.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	76	90.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	60	71.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	46.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	65.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	21	25.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	23.8	33.9	29.3
Completely bedfast residents.	1	1.2	1.6	3.6
Residents confined to chairs.	19	22.6	37.3	39.1
Residents requiring restraints.	68	81.0	36.1	31.7
Confused or disoriented residents.	63	75.0	60.6	55.8
Residents with bed sores.	6	7.1	5.3	4.7
Residents receiving special skin care.	20	23.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DIAMONDHEAD EXTENDED CARE CTR 2

Street Address: 9184 MARKET ST		**City and State:** NORTH LIMA OH 44452	
Participation: MEDICAID ICF	**# of Beds:** 106	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 12/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
98	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	86.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	93	94.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	64	65.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	62.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	57.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	45	45.9	33.9	29.3
Completely bedfast residents.	2	2.0	1.6	3.6
Residents confined to chairs.	46	46.9	37.3	39.1
Residents requiring restraints.	35	35.7	36.1	31.7
Confused or disoriented residents.	57	58.2	60.6	55.8
Residents with bed sores.	8	8.2	5.3	4.7
Residents receiving special skin care.	54	55.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ROLLING ACRES CARE CENTER

Street Address: 9625 MARKET ST EXTENSION		**City and State:** NORTH LIMA OH 44452	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
10	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	80.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	8	80.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	8	80.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	80.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	80.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	80.0	43.0	37.7
Completely bedfast residents.	6	60.0	3.4	3.4
Residents confined to chairs.	4	40.0	49.1	50.8
Residents requiring restraints.	5	50.0	43.2	41.3
Confused or disoriented residents.	7	70.0	59.0	58.4
Residents with bed sores.	1	10.0	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE OF N OLMSTED

Street Address: 23225 LORAIN RD	**City and State:** NORTH OLMSTED OH 44070

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 198	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 15	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	68.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	34	97.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	33	94.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	94.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	68.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	12	34.3	43.0	37.7
Completely bedfast residents.	4	11.4	3.4	3.4
Residents confined to chairs.	21	60.0	49.1	50.8
Residents requiring restraints.	7	20.0	43.2	41.3
Confused or disoriented residents.	13	37.1	59.0	58.4
Residents with bed sores.	10	28.6	7.6	7.1
Residents receiving special skin care.	7	20.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OLMSTED MANOR NURSING HOME

Street Address: 27500 MILL ROAD	**City and State:** NORTH OLMSTED OH 44070

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	75.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	87	89.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	55	56.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	70.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	41.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	16	16.5	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	51	52.6	49.1	50.8
Residents requiring restraints.	53	54.6	43.2	41.3
Confused or disoriented residents.	49	50.5	59.0	58.4
Residents with bed sores.	4	4.1	7.6	7.1
Residents receiving special skin care.	18	18.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUBURBAN PAVILION

Street Address: 20265 EMERY RD		**City and State:** NORTH RANDALL OH 44128	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 135	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	2	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	80.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	29	96.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	27	90.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	90.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	90.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	23	76.7	43.0	37.7
Completely bedfast residents.	9	30.0	3.4	3.4
Residents confined to chairs.	11	36.7	49.1	50.8
Residents requiring restraints.	29	96.7	43.2	41.3
Confused or disoriented residents.	26	86.7	59.0	58.4
Residents with bed sores.	2	6.7	7.6	7.1
Residents receiving special skin care.	16	53.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALTERCARE OF NORTH RIDGEVILLE

Street Address: 35990 WESTMINSTER AVENUE		**City and State:** NORTH RIDGEVILLE OH 44039	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	2	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	95.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	20	95.2	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	19	90.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	85.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	19	90.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	11	52.4	43.0	37.7
Completely bedfast residents.	1	4.8	3.4	3.4
Residents confined to chairs.	12	57.1	49.1	50.8
Residents requiring restraints.	14	66.7	43.2	41.3
Confused or disoriented residents.	18	85.7	59.0	58.4
Residents with bed sores.	1	4.8	7.6	7.1
Residents receiving special skin care.	12	57.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CENTER RIDGE NURSING HOME

Street Address: 38600 CENTER RIDGE ROAD	**City and State:** NORTH RIDGEVILLE OH 44039

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	78	83.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	89.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	84	89.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	67.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	85	90.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	58	61.7	49.1	50.8
Residents requiring restraints.	58	61.7	43.2	41.3
Confused or disoriented residents.	68	72.3	59.0	58.4
Residents with bed sores.	2	2.1	7.6	7.1
Residents receiving special skin care.	18	19.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOLLY TERRACE NH

Street Address:	**City and State:**
32415 CENTER RIDGE RD	NORTH RIDGEVILLE OH 44039

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICAID ICF	18	PROPRIETARY	09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
16	0	11

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	16	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	87.5	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	11	68.8	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	43.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	14	87.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	10	62.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	12.5	37.3	39.1
Residents requiring restraints.	6	37.5	36.1	31.7
Confused or disoriented residents.	14	87.5	60.6	55.8
Residents with bed sores.	1	6.3	5.3	4.7
Residents receiving special skin care.	1	6.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PATRICIAN NURSING CENTER

Street Address: 9001 WEST 130TH ST	**City and State:** NORTH ROYALTON OH 44133

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 225	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 8	**Medicaid Residents:** 1

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	67	93.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	68	94.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	68	94.4	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	91.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	68	94.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	7	9.7	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	37	51.4	43.0	37.7
Completely bedfast residents.	2	2.8	3.4	3.4
Residents confined to chairs.	50	69.4	49.1	50.8
Residents requiring restraints.	58	80.6	43.2	41.3
Confused or disoriented residents.	54	75.0	59.0	58.4
Residents with bed sores.	4	5.6	7.6	7.1
Residents receiving special skin care.	49	68.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IDEAL NURSING HOME

Street Address: 5671 W WOOSTER RD	**City and State:** NORTON OH 44203

Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 20	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	70.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	19	95.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	60.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	80.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	55.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	35.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	35.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	25.0	37.3	39.1
Residents requiring restraints.	7	35.0	36.1	31.7
Confused or disoriented residents.	10	50.0	60.6	55.8
Residents with bed sores.	2	10.0	5.3	4.7
Residents receiving special skin care.	5	25.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GAYMONT NURSING HOME

Street Address: 66 NORWOOD AVE	**City and State:** NORWALK OH 44857

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	63	66.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	85	89.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	63	66.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	73.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	58.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	32.6	43.0	37.7
Completely bedfast residents.	2	2.1	3.4	3.4
Residents confined to chairs.	4	4.2	49.1	50.8
Residents requiring restraints.	44	46.3	43.2	41.3
Confused or disoriented residents.	81	85.3	59.0	58.4
Residents with bed sores.	5	5.3	7.6	7.1
Residents receiving special skin care.	29	30.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORWALK MEMORIAL HOME

Street Address: 272 BENEDICT AVENUE	**City and State:** NORWALK OH 44857

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	70.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	42	84.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	38	76.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	74.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	30.0	43.0	37.7
Completely bedfast residents.	1	2.0	3.4	3.4
Residents confined to chairs.	26	52.0	49.1	50.8
Residents requiring restraints.	25	50.0	43.2	41.3
Confused or disoriented residents.	27	54.0	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	24	48.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWILIGHT GARDENS HOME

Street Address: 196 W MAIN STREET	**City and State:** NORWALK OH 44857

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 1	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	86.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	85	87.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	78.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	74.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	67.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	88	90.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	26	26.8	49.1	50.8
Residents requiring restraints.	46	47.4	43.2	41.3
Confused or disoriented residents.	83	85.6	59.0	58.4
Residents with bed sores.	3	3.1	7.6	7.1
Residents receiving special skin care.	6	6.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VICTORY PARK NURSING HOME INC

Street Address: 1578 SHERMAN AVENUE	**City and State:** NORWOOD OH 45212

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 97

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	87.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	83	85.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	75	77.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	66.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	75.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	33.0	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	47	48.5	49.1	50.8
Residents requiring restraints.	65	67.0	43.2	41.3
Confused or disoriented residents.	57	58.8	59.0	58.4
Residents with bed sores.	20	20.6	7.6	7.1
Residents receiving special skin care.	24	24.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW

Street Address: 8180 W STATE ROUTE 163,RR #1 BOX188	**City and State:** OAK HARBOR OH 43449

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 166	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 158	**Medicare Residents:** 0	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	77.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	132	83.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	116	73.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	70.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	86	54.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	66	41.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	96	60.8	43.0	37.7
Completely bedfast residents.	5	3.2	3.4	3.4
Residents confined to chairs.	55	34.8	49.1	50.8
Residents requiring restraints.	41	25.9	43.2	41.3
Confused or disoriented residents.	85	53.8	59.0	58.4
Residents with bed sores.	1	0.6	7.6	7.1
Residents receiving special skin care.	34	21.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARTERS NURSING HOME

Street Address: 284 E LORAIN STREET	**City and State:** OBERLIN OH 44074

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	84.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	28	62.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	26.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	53.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	55.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	15	33.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	35.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	28.9	37.3	39.1
Residents requiring restraints.	12	26.7	36.1	31.7
Confused or disoriented residents.	38	84.4	60.6	55.8
Residents with bed sores.	1	2.2	5.3	4.7
Residents receiving special skin care.	18	40.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRESSIES NURSING HOME

Street Address: 277 N PROFESSOR ST	**City and State:** OBERLIN OH 44074

Participation: MEDICAID ICF	**# of Beds:** 19	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	19	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	68.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	68.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	57.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	21.1	33.9	29.3
Completely bedfast residents.	2	10.5	1.6	3.6
Residents confined to chairs.	5	26.3	37.3	39.1
Residents requiring restraints.	3	15.8	36.1	31.7
Confused or disoriented residents.	6	31.6	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	19	100	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELCOME NURSING HOME INC

Street Address: 54 EAST HAMILTON STREET	**City and State:** OBERLIN OH 44074

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	75.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	40	75.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	40	75.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	75.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	73.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	5.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	54.7	43.0	37.7
Completely bedfast residents.	1	1.9	3.4	3.4
Residents confined to chairs.	17	32.1	49.1	50.8
Residents requiring restraints.	26	49.1	43.2	41.3
Confused or disoriented residents.	35	66.0	59.0	58.4
Residents with bed sores.	4	7.5	7.6	7.1
Residents receiving special skin care.	48	90.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILL-O-LEE NH ONE

Street Address: RT 58 N BX 149	**City and State:** OBERLIN OH 44074

Participation: MEDICAID ICF	**# of Beds:** 45	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	75.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	38	86.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	61.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	54.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	26	59.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	22.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	13	29.5	37.3	39.1
Residents requiring restraints.	12	27.3	36.1	31.7
Confused or disoriented residents.	11	25.0	60.6	55.8
Residents with bed sores.	2	4.5	5.3	4.7
Residents receiving special skin care.	10	22.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILL-O-LEE NURSING HOME NO 2

Street Address: 345 NORTH PROFESSOR ST		**City and State:** OBERLIN OH 44074	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
20	0	18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	45.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	19	95.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	0	0.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	0	0.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE-OREGON NSG & REHAB CTR

Street Address: 904 ISAAC STREET		**City and State:** OREGON OH 43616	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 2	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	90.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	20	90.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	19	86.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	90.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	72.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	9.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	77.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	20	90.9	49.1	50.8
Residents requiring restraints.	16	72.7	43.2	41.3
Confused or disoriented residents.	15	68.2	59.0	58.4
Residents with bed sores.	1	4.5	7.6	7.1
Residents receiving special skin care.	7	31.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE SISTERS OF THE POOR

Street Address: 4900 NAVARRE AVENUE		**City and State:** OREGON OH 43616	
Participation: MEDICAID ICF	**# of Beds:** 86	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	62	74.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	68	81.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	52	62.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	81.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	66.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	26.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	37	44.6	37.3	39.1
Residents requiring restraints.	19	22.9	36.1	31.7
Confused or disoriented residents.	41	49.4	60.6	55.8
Residents with bed sores.	3	3.6	5.3	4.7
Residents receiving special skin care.	49	59.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE NURSING CENTER

Street Address: 3952 NAVARRE AVENUE		**City and State:** OREGON OH 43616	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
19	2	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	19	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	17	89.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	89.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	17	89.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	42.1	43.0	37.7
Completely bedfast residents.	3	15.8	3.4	3.4
Residents confined to chairs.	3	15.8	49.1	50.8
Residents requiring restraints.	4	21.1	43.2	41.3
Confused or disoriented residents.	2	10.5	59.0	58.4
Residents with bed sores.	8	42.1	7.6	7.1
Residents receiving special skin care.	8	42.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRENN-FIELD NURSING CENTER

Street Address: 1980 LYNN DRIVE		**City and State:** ORRVILLE OH 44667	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	54.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	88	88.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	77	77.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	79	79.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	27.3	33.9	29.3
Completely bedfast residents.	3	3.0	1.6	3.6
Residents confined to chairs.	39	39.4	37.3	39.1
Residents requiring restraints.	45	45.5	36.1	31.7
Confused or disoriented residents.	30	30.3	60.6	55.8
Residents with bed sores.	1	1.0	5.3	4.7
Residents receiving special skin care.	60	60.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CALVARY MANOR NH

Street Address: RR 4 GLANDORF RD	**City and State:** OTTAWA OH 45875

Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	93.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	54	83.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	51	78.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	69.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	59	90.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	21	32.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	17	26.2	37.3	39.1
Residents requiring restraints.	23	35.4	36.1	31.7
Confused or disoriented residents.	37	56.9	60.6	55.8
Residents with bed sores.	3	4.6	5.3	4.7
Residents receiving special skin care.	14	21.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMETOWN NURSING HOME OF OTTAWA

Street Address: 1925 EAST 4TH ST	**City and State:** OTTAWA OH 45875

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	82.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	30	85.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	80.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	25	71.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	80.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	14.3	33.9	29.3
Completely bedfast residents.	1	2.9	1.6	3.6
Residents confined to chairs.	15	42.9	37.3	39.1
Residents requiring restraints.	10	28.6	36.1	31.7
Confused or disoriented residents.	13	37.1	60.6	55.8
Residents with bed sores.	2	5.7	5.3	4.7
Residents receiving special skin care.	5	14.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PUTNAM ACRES CARE CTR

Street Address: 10170 RD RR1	**City and State:** OTTAWA OH 45875

Participation: MEDICAID ICF	**# of Beds:** 88	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	67	79.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	66	78.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	45.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	92.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	53.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	36.9	33.9	29.3
Completely bedfast residents.	1	1.2	1.6	3.6
Residents confined to chairs.	45	53.6	37.3	39.1
Residents requiring restraints.	29	34.5	36.1	31.7
Confused or disoriented residents.	44	52.4	60.6	55.8
Residents with bed sores.	3	3.6	5.3	4.7
Residents receiving special skin care.	55	65.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OXFORD HEALTH CARE

Street Address: 6099 FAIRFIELD RD	**City and State:** OXFORD OH 45056

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 148	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 112	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	77	68.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	85	75.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	66	58.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	49.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	60.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	35.7	43.0	37.7
Completely bedfast residents.	1	0.9	3.4	3.4
Residents confined to chairs.	58	51.8	49.1	50.8
Residents requiring restraints.	63	56.3	43.2	41.3
Confused or disoriented residents.	49	43.8	59.0	58.4
Residents with bed sores.	8	7.1	7.6	7.1
Residents receiving special skin care.	24	21.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GARFIELD MANOR HEALTH CARE CENTER

Street Address: 70 NORMANDY DR		**City and State:** PAINESVILLE OH 44077	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
34	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	30	88.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	82.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	70.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	55.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	35.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	32.4	37.3	39.1
Residents requiring restraints.	13	38.2	36.1	31.7
Confused or disoriented residents.	14	41.2	60.6	55.8
Residents with bed sores.	4	11.8	5.3	4.7
Residents receiving special skin care.	16	47.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMESTEAD NURSING HOME 2

Street Address:	**City and State:**
60 WOOD ST	PAINESVILLE OH 44077

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	52	PROPRIETARY	09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	86.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	39	88.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	34	77.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	77.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	63.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	22.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	22	50.0	49.1	50.8
Residents requiring restraints.	18	40.9	43.2	41.3
Confused or disoriented residents.	29	65.9	59.0	58.4
Residents with bed sores.	2	4.5	7.6	7.1
Residents receiving special skin care.	22	50.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMESTEAD ONE

Street Address: 164 LIBERTY ST	**City and State:** PAINESVILLE OH 44077

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 1	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	49	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	39	79.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	32	65.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	71.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	44.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	12	24.5	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	30.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	16	32.7	49.1	50.8
Residents requiring restraints.	27	55.1	43.2	41.3
Confused or disoriented residents.	28	57.1	59.0	58.4
Residents with bed sores.	3	6.1	7.6	7.1
Residents receiving special skin care.	6	12.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IVY HOUSE CARE CTR

Street Address: 308 S STATE ST	**City and State:** PAINESVILLE OH 44077

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	82.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	34	85.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	70.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	70.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	40.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	16	40.0	37.3	39.1
Residents requiring restraints.	22	55.0	36.1	31.7
Confused or disoriented residents.	33	82.5	60.6	55.8
Residents with bed sores.	7	17.5	5.3	4.7
Residents receiving special skin care.	7	17.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PAINESVILLE NURSING HOME

Street Address: 252 W JACKSON STREET	**City and State:** PAINESVILLE OH 44077

Participation: MEDICAID ICF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	62.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	14	87.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	62.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	56.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	56.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	6	37.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	56.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	12.5	37.3	39.1
Residents requiring restraints.	6	37.5	36.1	31.7
Confused or disoriented residents.	9	56.3	60.6	55.8
Residents with bed sores.	1	6.3	5.3	4.7
Residents receiving special skin care.	1	6.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILTY MEMORIAL HOME

Street Address: 5570 STATE ROUTE 12P O BOX 265	**City and State:** PANDORA OH 45877

Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 58	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	60.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	51	87.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	58.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	53.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	48.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	13.8	33.9	29.3
Completely bedfast residents.	2	3.4	1.6	3.6
Residents confined to chairs.	10	17.2	37.3	39.1
Residents requiring restraints.	15	25.9	36.1	31.7
Confused or disoriented residents.	25	43.1	60.6	55.8
Residents with bed sores.	1	1.7	5.3	4.7
Residents receiving special skin care.	13	22.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ARISTOCRAT - SOUTH

Street Address: 6455 PEARL ROAD	**City and State:** PARMA HEIGHTS OH 44130

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/26/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 159	**Medicare Residents:** 10	**Medicaid Residents:** 86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	154	96.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	149	93.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	142	89.3	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	159	100	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	127	79.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	66	41.5	43.0	37.7
Completely bedfast residents.	2	1.3	3.4	3.4
Residents confined to chairs.	89	56.0	49.1	50.8
Residents requiring restraints.	106	66.7	43.2	41.3
Confused or disoriented residents.	109	68.6	59.0	58.4
Residents with bed sores.	27	17.0	7.6	7.1
Residents receiving special skin care.	159	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROADVIEW NURSING HOME

Street Address: 5520 BROADVIEW RD	**City and State:** PARMA OH 44134

Participation: MEDICAID ICF	**# of Beds:** 218	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 204	**Medicare Residents:** 2	**Medicaid Residents:** 108

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	162	79.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	166	81.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	143	70.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	145	71.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	144	70.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	58	28.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	107	52.5	37.3	39.1
Residents requiring restraints.	86	42.2	36.1	31.7
Confused or disoriented residents.	147	72.1	60.6	55.8
Residents with bed sores.	12	5.9	5.3	4.7
Residents receiving special skin care.	29	14.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MT ALVERNA HOME

Street Address: 6765 STATE RD	**City and State:** PARMA OH 44134

Participation: MEDICAID ICF	**# of Beds:** 153	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 148	**Medicare Residents:** 0	**Medicaid Residents:** 82

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. it may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	87.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	121	81.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	113	76.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	79.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	72.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	1.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	57	38.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	69	46.6	37.3	39.1
Residents requiring restraints.	84	56.8	36.1	31.7
Confused or disoriented residents.	95	64.2	60.6	55.8
Residents with bed sores.	14	9.5	5.3	4.7
Residents receiving special skin care.	24	16.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PARMA NSG HM

Street Address: 5553 BROADVIEW RD	**City and State:** PARMA OH 44134

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	93.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	23	79.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	72.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	72.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	55.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	11	37.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	24.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	27.6	37.3	39.1
Residents requiring restraints.	12	41.4	36.1	31.7
Confused or disoriented residents.	16	55.2	60.6	55.8
Residents with bed sores.	1	3.4	5.3	4.7
Residents receiving special skin care.	4	13.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT LAKE VILLA

Street Address: 7260 RIDGE RD	**City and State:** PARMA OH 44129

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	85.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	19	90.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	18	85.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	95.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	61.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	4.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	66.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	11	52.4	49.1	50.8
Residents requiring restraints.	11	52.4	43.2	41.3
Confused or disoriented residents.	9	42.9	59.0	58.4
Residents with bed sores.	5	23.8	7.6	7.1
Residents receiving special skin care.	4	19.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANTVIEW NURSING HOME

Street Address: 7377 RIDGE RD		**City and State:** PARMA OH 44129	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 187	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	4	14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	30	71.4	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	30	71.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	28	66.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	92.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	25	59.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	26	61.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	31	73.8	49.1	50.8
Residents requiring restraints.	17	40.5	43.2	41.3
Confused or disoriented residents.	25	59.5	59.0	58.4
Residents with bed sores.	7	16.7	7.6	7.1
Residents receiving special skin care.	31	73.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOMETOWN NURSING HOME OF PAULDING

Street Address: R R 2 BOX 1241		**City and State:** PAULDING OH 45879	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	97.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	41	89.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	73.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	73.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	71.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	2.2	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	71.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	16	34.8	37.3	39.1
Residents requiring restraints.	15	32.6	36.1	31.7
Confused or disoriented residents.	19	41.3	60.6	55.8
Residents with bed sores.	3	6.5	5.3	4.7
Residents receiving special skin care.	32	69.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DALLAS LAMB FOUNDATION HOME

Street Address: 650 NORTH MAIN ST, BOX 56		**City and State:** PAYNE OH 45880	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 46	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	36	78.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	36	78.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	33	71.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	71.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	69.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	37.0	33.9	29.3
Completely bedfast residents.	1	2.2	1.6	3.6
Residents confined to chairs.	30	65.2	37.3	39.1
Residents requiring restraints.	8	17.4	36.1	31.7
Confused or disoriented residents.	33	71.7	60.6	55.8
Residents with bed sores.	6	13.0	5.3	4.7
Residents receiving special skin care.	17	37.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST NURSING HOME

Street Address: 3564 LAWSHE RD	**City and State:** PEEBLES OH 45660

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 46

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	24	49.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	33	67.3	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	24	49.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	61.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	20	40.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	30.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	16	32.7	37.3	39.1
Residents requiring restraints.	14	28.6	36.1	31.7
Confused or disoriented residents.	4	8.2	60.6	55.8
Residents with bed sores.	7	14.3	5.3	4.7
Residents receiving special skin care.	16	32.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PORTAGE VALLEY

Street Address: 20311 PEMBERVILLE ROAD	**City and State:** PEMBERVILLE OH 43450

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 26

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	74.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	80	82.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	61	62.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	64.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	52	53.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	26.8	43.0	37.7
Completely bedfast residents.	4	4.1	3.4	3.4
Residents confined to chairs.	46	47.4	49.1	50.8
Residents requiring restraints.	28	28.9	43.2	41.3
Confused or disoriented residents.	49	50.5	59.0	58.4
Residents with bed sores.	8	8.2	7.6	7.1
Residents receiving special skin care.	24	24.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WAYSIDE FARM

Street Address: 4557 QUICK ROAD	**City and State:** PENINSULA OH 44264

Participation: MEDICAID ICF	**# of Beds:** 95	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/20/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 73

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	43	47.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	47	52.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	27.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	35.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	37.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	14.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	12.2	37.3	39.1
Residents requiring restraints.	88	97.8	36.1	31.7
Confused or disoriented residents.	18	20.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	22	24.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PERRY RIDGE NSG HM

Street Address: 5051 S RIDGE RD	**City and State:** PERRY OH 44081

Participation: MEDICAID ICF	**# of Beds:** 39	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 30	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	90.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	22	73.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	50.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	50.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	46.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	33.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	23.3	37.3	39.1
Residents requiring restraints.	4	13.3	36.1	31.7
Confused or disoriented residents.	30	100	60.6	55.8
Residents with bed sores.	2	6.7	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELMONT NURSING CENTER

Street Address: 28546 STARBRIGHT BOULEVARD	**City and State:** PERRYSBURG OH 43557

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 1	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	67	71.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	74	78.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	75	79.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	78.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	60.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	34.0	43.0	37.7
Completely bedfast residents.	8	8.5	3.4	3.4
Residents confined to chairs.	54	57.4	49.1	50.8
Residents requiring restraints.	51	54.3	43.2	41.3
Confused or disoriented residents.	59	62.8	59.0	58.4
Residents with bed sores.	6	6.4	7.6	7.1
Residents receiving special skin care.	34	36.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF PERRYSBURG

Street Address: 10540 FREMONT PIKE ROAD	**City and State:** PERRYSBURG OH 43551

Participation: MEDICARE SNF/ICF	**# of Beds:** 131	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 1	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	113	99.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	97	85.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	70.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	68.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	61.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	26.3	43.0	37.7
Completely bedfast residents.	3	2.6	3.4	3.4
Residents confined to chairs.	35	30.7	49.1	50.8
Residents requiring restraints.	41	36.0	43.2	41.3
Confused or disoriented residents.	77	67.5	59.0	58.4
Residents with bed sores.	2	1.8	7.6	7.1
Residents receiving special skin care.	24	21.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ECHO MANOR EXTENDED CARE CENTER

Street Address: 10270 BLACKLICK EASTERN RD NW	**City and State:** PICKERINGTON OH 43147

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	94.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	78	85.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	85	93.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	91.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	80.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	22.0	43.0	37.7
Completely bedfast residents.	6	6.6	3.4	3.4
Residents confined to chairs.	77	84.6	49.1	50.8
Residents requiring restraints.	34	37.4	43.2	41.3
Confused or disoriented residents.	58	63.7	59.0	58.4
Residents with bed sores.	1	1.1	7.6	7.1
Residents receiving special skin care.	10	11.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.6	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PICKERINGTON HEALTH CARE CENTER

Street Address: 1300 HILL RD NORTH		**City and State:** PICKERINGTON OH 43147	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 2	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	82	87.2	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	79	84.0	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	66	70.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	66.0	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	51	54.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	59.6	43.0	37.7
Completely bedfast residents.	3	3.2	3.4	3.4
Residents confined to chairs.	15	16.0	49.1	50.8
Residents requiring restraints.	37	39.4	43.2	41.3
Confused or disoriented residents.	79	84.0	59.0	58.4
Residents with bed sores.	6	6.4	7.6	7.1
Residents receiving special skin care.	32	34.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASEYS NH

Street Address: 2386 WAKEFIELD MOUND RD	**City and State:** PIKETON OH 45661

Participation: MEDICAID ICF	**# of Beds:** 38	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	93.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	20	69.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	55.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	44.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	65.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	20.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	34.5	37.3	39.1
Residents requiring restraints.	7	24.1	36.1	31.7
Confused or disoriented residents.	21	72.4	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	5	17.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MULLINS NURSING HOME

Street Address: 2266 WAKEFIELD MOUND RD	**City and State:** PIKETON OH 45661

Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	87.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	20	87.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	11	47.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	56.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	60.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	34.8	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	30.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	43.5	37.3	39.1
Residents requiring restraints.	5	21.7	36.1	31.7
Confused or disoriented residents.	18	78.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	4	17.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colcstomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIKETON NURSING CENTER, INC.

Street Address: 300 OVERLOOK DR		**City and State:** PIKETON OH 45661	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	21	100	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	21	100	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	10	47.6	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	85.7	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	71.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	4.8	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	23.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	9.5	37.3	39.1
Residents requiring restraints.	5	23.8	36.1	31.7
Confused or disoriented residents.	11	52.4	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	3	14.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PLEASANT HILL CONVALESCENT CENTER

Street Address: 7143 RT 23 SOUTH PO BOX 334	**City and State:** PIKETON OH 45661

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 201	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 192	**Medicare Residents:** 2	**Medicaid Residents:** 150

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	172	89.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	172	89.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	172	89.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	172	89.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	152	79.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	100	52.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	122	63.5	43.0	37.7
Completely bedfast residents.	10	5.2	3.4	3.4
Residents confined to chairs.	125	65.1	49.1	50.8
Residents requiring restraints.	152	79.2	43.2	41.3
Confused or disoriented residents.	150	78.1	59.0	58.4
Residents with bed sores.	3	1.6	7.6	7.1
Residents receiving special skin care.	38	19.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERSIDE MANOR

Street Address: 214 MAIN ST		**City and State:** PIKETON OH 45661	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
21	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	95.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	18	85.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	47.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	47.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	47.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	9	42.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	9.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	19.0	37.3	39.1
Residents requiring restraints.	11	52.4	36.1	31.7
Confused or disoriented residents.	20	95.2	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	4.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WAKEFIELD MANOR

Street Address: 2582 WAKEFIELD MOUND ROAD	**City and State:** PIKETON OH 45661

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 12	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	10	83.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	6	50.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	75.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	58.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	33.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	25.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	41.7	37.3	39.1
Residents requiring restraints.	5	41.7	36.1	31.7
Confused or disoriented residents.	5	41.7	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF PIQUA

Street Address: 275 KIENLE DRIVE	**City and State:** PIQUA OH 45356

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	82.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	81	82.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	78.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	82.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	73.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	75	76.5	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	29	29.6	49.1	50.8
Residents requiring restraints.	27	27.6	43.2	41.3
Confused or disoriented residents.	41	41.8	59.0	58.4
Residents with bed sores.	8	8.2	7.6	7.1
Residents receiving special skin care.	26	26.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PIQUA MANOR

Street Address: 1840 W HIGH ST PO BOX 118	**City and State:** PIQUA OH 45356

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 30	**Medicaid Residents:** 58

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	72	77.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	70	75.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	71	76.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	73.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	82.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	27	29.0	43.0	37.7
Completely bedfast residents.	2	2.2	3.4	3.4
Residents confined to chairs.	33	35.5	49.1	50.8
Residents requiring restraints.	49	52.7	43.2	41.3
Confused or disoriented residents.	56	60.2	59.0	58.4
Residents with bed sores.	6	6.5	7.6	7.1
Residents receiving special skin care.	45	48.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE-POMEROY NSG & REHAB CTR

Street Address:	**City and State:**
36759 ROCKSPRING ROAD	POMEROY OH 45769

Participation:	**# of Beds:**	**Type of Ownership:**	**Survey Date:**
MEDICARE/MEDICAID SNF/ICF	100	PROPRIETARY	09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
15	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	15	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	15	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	80.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	100	43.0	37.7
Completely bedfast residents.	4	26.7	3.4	3.4
Residents confined to chairs.	9	60.0	49.1	50.8
Residents requiring restraints.	9	60.0	43.2	41.3
Confused or disoriented residents.	14	93.3	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	3	20.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VETERANS MEMORIAL HOSPITAL

Street Address: 115 E MEMORIAL DRIVE		**City and State:** POMEROY OH 45769	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 35	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 05/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 1	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	75.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	26	78.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	22	66.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	66.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	60.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	7	21.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	13	39.4	43.0	37.7
Completely bedfast residents.	2	6.1	3.4	3.4
Residents confined to chairs.	14	42.4	49.1	50.8
Residents requiring restraints.	6	18.2	43.2	41.3
Confused or disoriented residents.	19	57.6	59.0	58.4
Residents with bed sores.	3	9.1	7.6	7.1
Residents receiving special skin care.	3	9.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWOOD MANOR NURSING CENTER

Street Address: 1330 SOUTH FULTON ST	**City and State:** PORT CLINTON OH 43452

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 91	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	81.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	77	84.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	68	74.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	71.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	79.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	33.0	43.0	37.7
Completely bedfast residents.	6	6.6	3.4	3.4
Residents confined to chairs.	68	74.7	49.1	50.8
Residents requiring restraints.	61	67.0	43.2	41.3
Confused or disoriented residents.	56	61.5	59.0	58.4
Residents with bed sores.	4	4.4	7.6	7.1
Residents receiving special skin care.	8	8.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FLANNERY'S HEALTH CARE CENTER

Street Address: 605 FRONT ST	**City and State:** PORTSMOUTH OH 45662

Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	24	85.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	64.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	67.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	78.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	42.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	14	50.0	37.3	39.1
Residents requiring restraints.	8	28.6	36.1	31.7
Confused or disoriented residents.	24	85.7	60.6	55.8
Residents with bed sores.	3	10.7	5.3	4.7
Residents receiving special skin care.	6	21.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN YEARS CONV CENTER

Street Address: 2125 ROYCE ST	**City and State:** PORTSMOUTH OH 45662

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 50	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	82.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	87	93.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	82	88.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	88.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	68.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	57.0	43.0	37.7
Completely bedfast residents.	7	7.5	3.4	3.4
Residents confined to chairs.	48	51.6	49.1	50.8
Residents requiring restraints.	45	48.4	43.2	41.3
Confused or disoriented residents.	71	76.3	59.0	58.4
Residents with bed sores.	4	4.3	7.6	7.1
Residents receiving special skin care.	36	38.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF PORTSMOUTH

Street Address: BOX 10 RTE 6 FEURT HILL ROAD	**City and State:** PORTSMOUTH OH 45662

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	97.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	83	87.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	64	67.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	70.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	47.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	25	26.3	43.0	37.7
Completely bedfast residents.	2	2.1	3.4	3.4
Residents confined to chairs.	29	30.5	49.1	50.8
Residents requiring restraints.	58	61.1	43.2	41.3
Confused or disoriented residents.	38	40.0	59.0	58.4
Residents with bed sores.	1	1.1	7.6	7.1
Residents receiving special skin care.	3	3.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLTOP NURSING HOME

Street Address: 1319 SPRING STREET		**City and State:** PORTSMOUTH OH 45662	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	87.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	20	87.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	82.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	47.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	82.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	30.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	26.1	37.3	39.1
Residents requiring restraints.	9	39.1	36.1	31.7
Confused or disoriented residents.	16	69.6	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	9	39.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLVIEW HEALTH CARE FACILITY

Street Address: 1610 28TH STREET	**City and State:** PORTSMOUTH OH 45662

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 55	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 51	**Medicare Residents:** 0	**Medicaid Residents:** 9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	5.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	41	80.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	36	70.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	92.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	72.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	43.1	43.0	37.7
Completely bedfast residents.	4	7.8	3.4	3.4
Residents confined to chairs.	8	15.7	49.1	50.8
Residents requiring restraints.	14	27.5	43.2	41.3
Confused or disoriented residents.	39	76.5	59.0	58.4
Residents with bed sores.	2	3.9	7.6	7.1
Residents receiving special skin care.	4	7.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SCIOTO MEMORIAL CONVALSCENT CTR

Street Address: 2001 SCIOTO TRAIL	**City and State:** PORTSMOUTH OH 45662

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 110	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 109	**Medicare Residents:** 0	**Medicaid Residents:** 96

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	11.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	12	11.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	9	8.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	9.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	6.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	6.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	7	6.4	49.1	50.8
Residents requiring restraints.	4	3.7	43.2	41.3
Confused or disoriented residents.	7	6.4	59.0	58.4
Residents with bed sores.	1	0.9	7.6	7.1
Residents receiving special skin care.	3	2.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JANE FRANCIS NURSING HOME

Street Address: 245 NEW MILFORD RD		**City and State:** RAVENNA OH 44266	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
86	1	75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	73	84.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	75	87.2	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	69	80.2	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	69.8	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	69.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	13	15.1	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	40.7	43.0	37.7
Completely bedfast residents.	7	8.1	3.4	3.4
Residents confined to chairs.	40	46.5	49.1	50.8
Residents requiring restraints.	45	52.3	43.2	41.3
Confused or disoriented residents.	45	52.3	59.0	58.4
Residents with bed sores.	8	9.3	7.6	7.1
Residents receiving special skin care.	4	4.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LONGMEADOW CARE CENTER

Street Address: 565 BRYN MAWR	**City and State:** RAVENNA OH 44266

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	100	87.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	99	86.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	95	83.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	81.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	78	68.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	15	13.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	54	47.4	43.0	37.7
Completely bedfast residents.	1	0.9	3.4	3.4
Residents confined to chairs.	41	36.0	49.1	50.8
Residents requiring restraints.	46	40.4	43.2	41.3
Confused or disoriented residents.	69	60.5	59.0	58.4
Residents with bed sores.	14	12.3	7.6	7.1
Residents receiving special skin care.	20	17.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PORTAGE COUNTY NURSING HOME

Street Address: 7988 INFIRMARY ROAD	**City and State:** RAVENNA OH 44266

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 02/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 90

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	89.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	75	76.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	68	69.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	69.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	28.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	62	63.3	37.3	39.1
Residents requiring restraints.	24	24.5	36.1	31.7
Confused or disoriented residents.	39	39.8	60.6	55.8
Residents with bed sores.	17	17.3	5.3	4.7
Residents receiving special skin care.	11	11.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PINE VALLEY CARE CENTER

Street Address: 4360 BRECKSVILLE RD	**City and State:** RICHFIELD OH 44286

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 4	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	66.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	81	94.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	86.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	70.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	84.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	50.0	43.0	37.7
Completely bedfast residents.	2	2.3	3.4	3.4
Residents confined to chairs.	53	61.6	49.1	50.8
Residents requiring restraints.	54	62.8	43.2	41.3
Confused or disoriented residents.	76	88.4	59.0	58.4
Residents with bed sores.	7	8.1	7.6	7.1
Residents receiving special skin care.	21	24.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OHIO VALLEY MANOR

Street Address: 5280 RTS 62-68	**City and State:** RIPLEY OH 45167

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	98.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	95	96.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	81	82.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	81.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	96	98.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	3.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	38.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	75	76.5	49.1	50.8
Residents requiring restraints.	41	41.8	43.2	41.3
Confused or disoriented residents.	56	57.1	59.0	58.4
Residents with bed sores.	4	4.1	7.6	7.1
Residents receiving special skin care.	41	41.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE RITTMAN NURSING & REHAB CTR

Street Address: 275 EAST SUNSET DRIVE		**City and State:** RITTMAN OH 44270	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/27/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	91.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	71	88.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	50	62.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	71.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	21	26.2	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	37	46.2	49.1	50.8
Residents requiring restraints.	40	50.0	43.2	41.3
Confused or disoriented residents.	49	61.2	59.0	58.4
Residents with bed sores.	14	17.5	7.6	7.1
Residents receiving special skin care.	9	11.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
APOSTOLIC CHRISTIAN HM

Street Address: 10680 STEINER RD	**City and State:** RITTMAN OH 44270

Participation: MEDICAID ICF	**# of Beds:** 75	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 06/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 75	**Medicare Residents:** 0	**Medicaid Residents:** 24

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	94.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	70	93.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	63	84.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	93.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	55	73.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	40	53.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	49	65.3	37.3	39.1
Residents requiring restraints.	30	40.0	36.1	31.7
Confused or disoriented residents.	41	54.7	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	5	6.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL NURSING HOME

Street Address: 611 SOUTH MAIN STREET	**City and State:** ROCKFORD OH 45882

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 33	**Medicare Residents:** 0	**Medicaid Residents:** 31

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	90.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	30	90.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	72.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	24.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	66.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	15.2	33.9	29.3
Completely bedfast residents.	1	3.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	1	3.0	36.1	31.7
Confused or disoriented residents.	26	78.8	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	3.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHANE HILL NURSING HOME

Street Address: R R 3		**City and State:** ROCKFORD OH 45882	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	97	97.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	88	88.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	68	68.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	59.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	45.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	23.0	33.9	29.3
Completely bedfast residents.	1	1.0	1.6	3.6
Residents confined to chairs.	29	29.0	37.3	39.1
Residents requiring restraints.	31	31.0	36.1	31.7
Confused or disoriented residents.	48	48.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	12	12.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELSH HOME

Street Address: 22199 CENTER RIDGE RD	**City and State:** ROCKY RIVER OH 44116

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	25	73.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	22	64.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	70.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	64.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	10	29.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	14.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	29.4	37.3	39.1
Residents requiring restraints.	9	26.5	36.1	31.7
Confused or disoriented residents.	10	29.4	60.6	55.8
Residents with bed sores.	1	2.9	5.3	4.7
Residents receiving special skin care.	7	20.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMN YEARS NURSING HOME

Street Address: 580 E WASHINGTON ST	**City and State:** SABINA OH 45169

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 33

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	41	82.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	41	82.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	33	66.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	70.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	41	82.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	18	36.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	25	50.0	37.3	39.1
Residents requiring restraints.	18	36.0	36.1	31.7
Confused or disoriented residents.	30	60.0	60.6	55.8
Residents with bed sores.	11	22.0	5.3	4.7
Residents receiving special skin care.	21	42.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BELMONT CO OAKVIEW NH

Street Address: 45240 NATIONAL RD	**City and State:** SAINT CLAIRSVILLE OH 43950

Participation: MEDICAID ICF	**# of Beds:** 72	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 69	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	62	89.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	33	47.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	44	63.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	85.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	55.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	10.1	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	27.5	33.9	29.3
Completely bedfast residents.	1	1.4	1.6	3.6
Residents confined to chairs.	16	23.2	37.3	39.1
Residents requiring restraints.	26	37.7	36.1	31.7
Confused or disoriented residents.	21	30.4	60.6	55.8
Residents with bed sores.	4	5.8	5.3	4.7
Residents receiving special skin care.	12	17.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOREST HILL

Street Address: 100 RESERVOIR RD	**City and State:** SAINT CLAIRSVILLE OH 43950

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 74	**Medicare Residents:** 1	**Medicaid Residents:** 52

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	73	98.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	61	82.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	50	67.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	67.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	67.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	13	17.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	67.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	44	59.5	49.1	50.8
Residents requiring restraints.	25	33.8	43.2	41.3
Confused or disoriented residents.	45	60.8	59.0	58.4
Residents with bed sores.	8	10.8	7.6	7.1
Residents receiving special skin care.	19	25.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY NURSING HOME

Street Address: 1140 KNOXVILLE AVENUE		**City and State:** SAINT MARYS OH 45885	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 3	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	49	52.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	86	91.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	73	77.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	74.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	45.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	27.7	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	26	27.7	49.1	50.8
Residents requiring restraints.	33	35.1	43.2	41.3
Confused or disoriented residents.	43	45.7	59.0	58.4
Residents with bed sores.	13	13.8	7.6	7.1
Residents receiving special skin care.	54	57.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUTTON NURS CTR

Street Address: 2511 BENTLEY DR		**City and State:** SALEM OH 44460	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	83	83.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	86	86.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	76	76.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	71.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	72.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	37	37.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	28	28.0	33.9	29.3
Completely bedfast residents.	1	1.0	1.6	3.6
Residents confined to chairs.	35	35.0	37.3	39.1
Residents requiring restraints.	47	47.0	36.1	31.7
Confused or disoriented residents.	56	56.0	60.6	55.8
Residents with bed sores.	16	16.0	5.3	4.7
Residents receiving special skin care.	46	46.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HUTTON NURSING CENTER III

Street Address: 230 CONTINENTAL DR		**City and State:** SALEM OH 44460	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	91.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	42	85.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	65.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	73.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	42.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	24.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	17	34.7	37.3	39.1
Residents requiring restraints.	11	22.4	36.1	31.7
Confused or disoriented residents.	22	44.9	60.6	55.8
Residents with bed sores.	5	10.2	5.3	4.7
Residents receiving special skin care.	17	34.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARY FLETCHER HC CTR 1

Street Address: 767 BENTON RD	**City and State:** SALEM OH 44460

Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	82.4	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	14	82.4	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	6	35.3	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	47.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	88.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	3	17.6	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	3	17.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	17.6	37.3	39.1
Residents requiring restraints.	2	11.8	36.1	31.7
Confused or disoriented residents.	16	94.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	4	23.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SALEM COMMUNITY HOSPITAL

Street Address: 1995 E STATE		**City and State:** SALEM OH 44460	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 15	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
9	9	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	7	77.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	8	88.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	8	88.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	88.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	77.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	77.8	43.0	37.7
Completely bedfast residents.	2	22.2	3.4	3.4
Residents confined to chairs.	5	55.6	49.1	50.8
Residents requiring restraints.	7	77.8	43.2	41.3
Confused or disoriented residents.	8	88.9	59.0	58.4
Residents with bed sores.	1	11.1	7.6	7.1
Residents receiving special skin care.	8	88.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SALEM CONVALESCENT CTR

Street Address: 1985 E PERSHING ST		**City and State:** SALEM OH 44460	
Participation: MEDICAID ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
88	0	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	98.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	75	85.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	55.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	48.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	23	26.1	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	10.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	18	20.5	37.3	39.1
Residents requiring restraints.	34	38.6	36.1	31.7
Confused or disoriented residents.	58	65.9	60.6	55.8
Residents with bed sores.	1	1.1	5.3	4.7
Residents receiving special skin care.	4	4.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VALLEY ROAD NURSING HOME

Street Address: 451 VALLEY RD		**City and State:** SALEM OH 44460	
Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	92.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	26	92.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	85.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	85.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	75.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	39.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	15	53.6	37.3	39.1
Residents requiring restraints.	8	28.6	36.1	31.7
Confused or disoriented residents.	25	89.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	18	64.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLASSIC CARE SOUTH

Street Address: 3423 SOUTH COLUMBUS AVENUE		**City and State:** SANDUSKY OH 44870	
Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
28	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	96.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	27	96.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	71.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	96.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	67.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	3.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	14.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	25.0	37.3	39.1
Residents requiring restraints.	7	25.0	36.1	31.7
Confused or disoriented residents.	25	89.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CLASSIC CENTER INC

Street Address: 620 W STRUB ROAD	**City and State:** SANDUSKY OH 44870

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	78.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	40	85.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	68.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	42.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	10.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	12.8	33.9	29.3
Completely bedfast residents.	1	2.1	1.6	3.6
Residents confined to chairs.	9	19.1	37.3	39.1
Residents requiring restraints.	17	36.2	36.1	31.7
Confused or disoriented residents.	14	29.8	60.6	55.8
Residents with bed sores.	3	6.4	5.3	4.7
Residents receiving special skin care.	8	17.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE CENTER TWO

Street Address: 403 E ADAMS ST	**City and State:** SANDUSKY OH 44870

Participation: MEDICAID ICF	**# of Beds:** 26	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	81.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	19	86.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	54.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	54.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	59.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	36.4	33.9	29.3
Completely bedfast residents.	1	4.5	1.6	3.6
Residents confined to chairs.	3	13.6	37.3	39.1
Residents requiring restraints.	6	27.3	36.1	31.7
Confused or disoriented residents.	19	86.4	60.6	55.8
Residents with bed sores.	3	13.6	5.3	4.7
Residents receiving special skin care.	5	22.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE CENTER 1

Street Address: 531 WAYNE STREET		**City and State:** SANDUSKY OH 44870	
Participation: MEDICAID ICF	**# of Beds:** 23	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	12	85.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	9	64.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	9	64.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	50.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	9	64.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	35.7	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	21.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	7.1	37.3	39.1
Residents requiring restraints.	2	14.3	36.1	31.7
Confused or disoriented residents.	9	64.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SANDUSKY NURSING HOME

Street Address: 232 JACKSON STREET	**City and State:** SANDUSKY OH 44870

Participation: MEDICAID ICF	**# of Beds:** 138	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 53	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	51	96.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	31	58.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	52.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	32.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	52.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	9.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	11.3	33.9	29.3
Completely bedfast residents.	1	1.9	1.6	3.6
Residents confined to chairs.	17	32.1	37.3	39.1
Residents requiring restraints.	12	22.6	36.1	31.7
Confused or disoriented residents.	33	62.3	60.6	55.8
Residents with bed sores.	2	3.8	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SECREST NURSING HOME

Street Address: COLUMBUS AVENUE		**City and State:** SANDUSKY OH 44870	
Participation: MEDICAID ICF	**# of Beds:** 342	**Type of Ownership:** STATE GOVERNMENT	**Survey Date:** 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
341	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	214	62.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	192	56.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	185	54.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	202	59.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	172	50.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	31	9.1	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	114	33.4	33.9	29.3
Completely bedfast residents.	5	1.5	1.6	3.6
Residents confined to chairs.	136	39.9	37.3	39.1
Residents requiring restraints.	114	33.4	36.1	31.7
Confused or disoriented residents.	159	46.6	60.6	55.8
Residents with bed sores.	27	7.9	5.3	4.7
Residents receiving special skin care.	166	48.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST ANN SKILLED NURSING CENTER

Street Address: 1912 HAYES AVENUE	**City and State:** SANDUSKY OH 44870

Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 46	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 12	**Medicaid Residents:** 2

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	87.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	14	87.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	15	93.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	93.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	87.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	62.5	43.0	37.7
Completely bedfast residents.	3	18.8	3.4	3.4
Residents confined to chairs.	11	68.8	49.1	50.8
Residents requiring restraints.	5	31.3	43.2	41.3
Confused or disoriented residents.	11	68.8	59.0	58.4
Residents with bed sores.	7	43.8	7.6	7.1
Residents receiving special skin care.	11	68.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TRUE LIGHT INC

Street Address: 507 WAYNE STREET		**City and State:** SANDUSKY OH 44870	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
31	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	20	64.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	25	80.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	51.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	45.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	48.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	9	29.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	12.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	12.9	37.3	39.1
Residents requiring restraints.	5	16.1	36.1	31.7
Confused or disoriented residents.	26	83.9	60.6	55.8
Residents with bed sores.	1	3.2	5.3	4.7
Residents receiving special skin care.	2	6.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRANDALL MEDICAL CENTER

Street Address: 800 S 15 STREET	**City and State:** SEBRING OH 44672

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 198	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 192	**Medicare Residents:** 1	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	169	88.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	152	79.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	116	60.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	47.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	46.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	1.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	44	22.9	43.0	37.7
Completely bedfast residents.	5	2.6	3.4	3.4
Residents confined to chairs.	72	37.5	49.1	50.8
Residents requiring restraints.	42	21.9	43.2	41.3
Confused or disoriented residents.	107	55.7	59.0	58.4
Residents with bed sores.	7	3.6	7.6	7.1
Residents receiving special skin care.	22	11.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CANTERBURY VILLA OF SEVILLE

Street Address: 76 HIGH ST	**City and State:** SEVILLE OH 44273

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 78	**Medicare Residents:** 1	**Medicaid Residents:** 55

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	84.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	69	88.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	36	46.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	84.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	57	73.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	5.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	42.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	30	38.5	49.1	50.8
Residents requiring restraints.	39	50.0	43.2	41.3
Confused or disoriented residents.	59	75.6	59.0	58.4
Residents with bed sores.	7	9.0	7.6	7.1
Residents receiving special skin care.	37	47.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHADYSIDE CARE CENTER

Street Address: 60583 SR 7	**City and State:** SHADYSIDE OH 43947

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	93.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	93	93.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	75	75.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	80.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	72.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	31.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	21	21.2	37.3	39.1
Residents requiring restraints.	45	45.5	36.1	31.7
Confused or disoriented residents.	59	59.6	60.6	55.8
Residents with bed sores.	3	3.0	5.3	4.7
Residents receiving special skin care.	14	14.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CRESTWOOD CARE CENTER

Street Address: 225 W MAIN		**City and State:** SHELBY OH 44875	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 127	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/10/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 1	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	82.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	108	87.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	95	77.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	123	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	57.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	26.8	43.0	37.7
Completely bedfast residents.	1	0.8	3.4	3.4
Residents confined to chairs.	31	25.2	49.1	50.8
Residents requiring restraints.	44	35.8	43.2	41.3
Confused or disoriented residents.	37	30.1	59.0	58.4
Residents with bed sores.	1	0.8	7.6	7.1
Residents receiving special skin care.	30	24.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence c deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE HERITAGE CARE CENTER

Street Address: 100 ROGERS LA	**City and State:** SHELBY OH 44875

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	82.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	38	84.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	36	80.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	66.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	60.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	7	15.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	24	53.3	49.1	50.8
Residents requiring restraints.	31	68.9	43.2	41.3
Confused or disoriented residents.	25	55.6	59.0	58.4
Residents with bed sores.	6	13.3	7.6	7.1
Residents receiving special skin care.	12	26.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOROTHY LOVE RETIREMENT CENTER

Street Address: 3003 WEST CISCO ROAD	**City and State:** SIDNEY OH 45365

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 96	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/27/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 0	**Medicaid Residents:** 37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	87.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	60	64.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	62	66.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	55.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	40	43.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	8	8.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	10	10.8	49.1	50.8
Residents requiring restraints.	11	11.8	43.2	41.3
Confused or disoriented residents.	34	36.6	59.0	58.4
Residents with bed sores.	2	2.2	7.6	7.1
Residents receiving special skin care.	10	10.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIR HAVEN SHELBY CTY HME

Street Address: R R 2 FAIR ROAD		**City and State:** SIDNEY OH 45365	
Participation: MEDICAID ICF	**# of Beds:** 125	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	0	77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	125	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	104	83.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	77	61.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	61.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	107	85.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	26	20.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	29	23.2	37.3	39.1
Residents requiring restraints.	45	36.0	36.1	31.7
Confused or disoriented residents.	74	59.2	60.6	55.8
Residents with bed sores.	4	3.2	5.3	4.7
Residents receiving special skin care.	52	41.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN NURSING HOME

Street Address: 510 BUCKEYE STREET		**City and State:** SIDNEY OH 45365	
Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	37

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	73.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	34	73.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	33	71.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	71.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	54.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	30.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	12	26.1	37.3	39.1
Residents requiring restraints.	19	41.3	36.1	31.7
Confused or disoriented residents.	27	58.7	60.6	55.8
Residents with bed sores.	1	2.2	5.3	4.7
Residents receiving special skin care.	6	13.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNY ACRES CARE CENTER

Street Address: 705 FULTON STREET	**City and State:** SIDNEY OH 45365

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 62	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 62	**Medicare Residents:** 1	**Medicaid Residents:** 35

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	91.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	56	90.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	46	74.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	74.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	58.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	19	30.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	31	50.0	49.1	50.8
Residents requiring restraints.	24	38.7	43.2	41.3
Confused or disoriented residents.	28	45.2	59.0	58.4
Residents with bed sores.	1	1.6	7.6	7.1
Residents receiving special skin care.	2	3.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WOODLAND MANOR NURSING HOME

Street Address: 4166 SOMERVILLE ROAD	**City and State:** SOMERVILLE OH 45064

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/12/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	80.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	41	82.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	70.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	70.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	66.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	4.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	35	70.0	33.9	29.3
Completely bedfast residents.	2	4.0	1.6	3.6
Residents confined to chairs.	12	24.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	29	58.0	60.6	55.8
Residents with bed sores.	1	2.0	5.3	4.7
Residents receiving special skin care.	6	12.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF RIVERVIEW

Street Address: RT 4 BOX 312		**City and State:** SOUTH POINT OH 45680	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 2	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	84.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	84	87.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	69	71.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	64.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	67.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	31	32.3	43.0	37.7
Completely bedfast residents.	4	4.2	3.4	3.4
Residents confined to chairs.	51	53.1	49.1	50.8
Residents requiring restraints.	25	26.0	43.2	41.3
Confused or disoriented residents.	61	63.5	59.0	58.4
Residents with bed sores.	3	3.1	7.6	7.1
Residents receiving special skin care.	21	21.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PULLEY CARE CTR

Street Address: RT 4 BOX 349A	**City and State:** SOUTH POINT OH 45680

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/22/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 76

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	87	89.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	82	84.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	84.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	74.2	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	74.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	25	25.8	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	70	72.2	49.1	50.8
Residents requiring restraints.	30	30.9	43.2	41.3
Confused or disoriented residents.	46	47.4	59.0	58.4
Residents with bed sores.	8	8.2	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PULLEY NURSING HOME

Street Address: RT 2 BOX 44	**City and State:** SOUTH POINT OH 45680

Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 35	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	60.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	33	94.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	68.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	60.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	54.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	2.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	22.9	33.9	29.3
Completely bedfast residents.	1	2.9	1.6	3.6
Residents confined to chairs.	17	48.6	37.3	39.1
Residents requiring restraints.	9	25.7	36.1	31.7
Confused or disoriented residents.	29	82.9	60.6	55.8
Residents with bed sores.	1	2.9	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SHARONVIEW NURSING HME

Street Address: 125 W NATIONAL RD	**City and State:** SOUTH VIENNA OH 45369

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	8	28.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	23	82.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	64.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	82.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	46.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	17.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	9	32.1	37.3	39.1
Residents requiring restraints.	3	10.7	36.1	31.7
Confused or disoriented residents.	19	67.9	60.6	55.8
Residents with bed sores.	3	10.7	5.3	4.7
Residents receiving special skin care.	13	46.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROSELAWN MANOR NH

Street Address: 420 E FOURTH ST	**City and State:** SPENCERVILLE OH 45887

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	65	76.5	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	63	74.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	45	52.9	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	52.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	48	56.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	42	49.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	36	42.4	37.3	39.1
Residents requiring restraints.	20	23.5	36.1	31.7
Confused or disoriented residents.	18	21.2	60.6	55.8
Residents with bed sores.	2	2.4	5.3	4.7
Residents receiving special skin care.	15	17.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY HOSPITAL OF SPRINGFIELD OH

Street Address: 2615 E HIGH ST		**City and State:** SPRINGFIELD OH 45501	
Participation: MEDICARE SNF	**# of Beds:** 371	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
4	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	75.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	3	75.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	2	50.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	50.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	50.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	25.0	43.0	37.7
Completely bedfast residents.	1	25.0	3.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	0	0.0	43.2	41.3
Confused or disoriented residents.	1	25.0	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	4	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAGLEWOOD CARE CENTER

Street Address: 2000 VILLA ROAD	**City and State:** SPRINGFIELD OH 45503

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	72.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	37	77.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	32	66.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	64.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	6	12.5	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	24	50.0	49.1	50.8
Residents requiring restraints.	7	14.6	43.2	41.3
Confused or disoriented residents.	29	60.4	59.0	58.4
Residents with bed sores.	2	4.2	7.6	7.1
Residents receiving special skin care.	9	18.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF SPRINGFIELD

Street Address: 2615 DERR ROAD	**City and State:** SPRINGFIELD OH 45503

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 1	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	67.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	67	79.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	33	39.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	84	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	66.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	41	48.8	43.0	37.7
Completely bedfast residents.	2	2.4	3.4	3.4
Residents confined to chairs.	52	61.9	49.1	50.8
Residents requiring restraints.	35	41.7	43.2	41.3
Confused or disoriented residents.	66	78.6	59.0	58.4
Residents with bed sores.	22	26.2	7.6	7.1
Residents receiving special skin care.	20	23.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOPE HOUSE MANOR

Street Address: 2317 EAST HOME RD	**City and State:** SPRINGFIELD OH 45503

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 3	**Medicaid Residents:** 68

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	78.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	86	89.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	73	76.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	76.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	60	62.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	9	9.4	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	83	86.5	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	65	67.7	49.1	50.8
Residents requiring restraints.	29	30.2	43.2	41.3
Confused or disoriented residents.	36	37.5	59.0	58.4
Residents with bed sores.	5	5.2	7.6	7.1
Residents receiving special skin care.	13	13.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
K W HESS OHIO PYTHIAN HOME

Street Address: 901 W HIGH STREET	**City and State:** SPRINGFIELD OH 45501

Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 95	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	68	71.6	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	73	76.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	70	73.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	72.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	69	72.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	15	15.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	26	27.4	37.3	39.1
Residents requiring restraints.	8	8.4	36.1	31.7
Confused or disoriented residents.	69	72.6	60.6	55.8
Residents with bed sores.	4	4.2	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NEW HORIZONS NURSING HOME

Street Address: 1157 DRISCOLL AVE		**City and State:** SPRINGFIELD OH 45506	
Participation: MEDICAID ICF	**# of Beds:** 24	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 23	**Medicare Residents:** 0	**Medicaid Residents:** 22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	91.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	21	91.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	82.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	73.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	69.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	17.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	17.4	37.3	39.1
Residents requiring restraints.	5	21.7	36.1	31.7
Confused or disoriented residents.	20	87.0	60.6	55.8
Residents with bed sores.	4	17.4	5.3	4.7
Residents receiving special skin care.	6	26.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ODD FELLOWS HOME

Street Address: 404 EAST MCCREIGHT AVENUE	**City and State:** SPRINGFIELD OH 45501

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	81.0	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	76	76.0	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	54	54.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	45.0	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	45	45.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	16	16.0	33.9	29.3
Completely bedfast residents.	2	2.0	1.6	3.6
Residents confined to chairs.	26	26.0	37.3	39.1
Residents requiring restraints.	11	11.0	36.1	31.7
Confused or disoriented residents.	44	44.0	60.6	55.8
Residents with bed sores.	2	2.0	5.3	4.7
Residents receiving special skin care.	7	7.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
PILLARS NURSING HOME

Street Address: 336 W COLUMBIA ST P O BOX 88	**City and State:** SPRINGFIELD OH 45504

Participation: MEDICAID ICF	**# of Beds:** 46	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	64.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	45	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	38	84.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	86.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	46.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	15.6	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	17.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	12	26.7	37.3	39.1
Residents requiring restraints.	3	6.7	36.1	31.7
Confused or disoriented residents.	38	84.4	60.6	55.8
Residents with bed sores.	1	2.2	5.3	4.7
Residents receiving special skin care.	45	100	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGEWOOD NURSING HOME

Street Address: 1600 ST PARIS PIKE		**City and State:** SPRINGFIELD OH 45504	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	36	76.6	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	42	89.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	37	78.7	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	72.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	23	48.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	19	40.4	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	13	27.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	19	40.4	49.1	50.8
Residents requiring restraints.	17	36.2	43.2	41.3
Confused or disoriented residents.	30	63.8	59.0	58.4
Residents with bed sores.	2	4.3	7.6	7.1
Residents receiving special skin care.	17	36.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ST JOHNS CENTER

Street Address: 100 W MCCREIGHT AVENUE	**City and State:** SPRINGFIELD OH 45504

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 1	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	42	87.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	46	95.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	45	93.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	93.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	64.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	7	14.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	75.0	43.0	37.7
Completely bedfast residents.	5	10.4	3.4	3.4
Residents confined to chairs.	29	60.4	49.1	50.8
Residents requiring restraints.	9	18.8	43.2	41.3
Confused or disoriented residents.	9	18.8	59.0	58.4
Residents with bed sores.	11	22.9	7.6	7.1
Residents receiving special skin care.	25	52.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNYLAND VILLA

Street Address: 1365 SIMINOLE AVENUE		**City and State:** SPRINGFIELD OH 45506	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
97	0	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	94.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	89	91.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	75	77.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	73.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	76	78.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	8	8.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	80	82.5	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	11	11.3	49.1	50.8
Residents requiring restraints.	40	41.2	43.2	41.3
Confused or disoriented residents.	80	82.5	59.0	58.4
Residents with bed sores.	4	4.1	7.6	7.1
Residents receiving special skin care.	10	10.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA SPRINGFIELD

Street Address: 701 VILLA ROAD	**City and State:** SPRINGFIELD OH 45503

Participation: MEDICAID ICF	**# of Beds:** 86	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 86	**Medicare Residents:** 0	**Medicaid Residents:** 70

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	81	94.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	73	84.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	51	59.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	60.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	43.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	2.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	22.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	43	50.0	37.3	39.1
Residents requiring restraints.	34	39.5	36.1	31.7
Confused or disoriented residents.	43	50.0	60.6	55.8
Residents with bed sores.	6	7.0	5.3	4.7
Residents receiving special skin care.	23	26.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CARRIAGE INN OF STEUNENVILLE INC

Street Address: 3102 ST CHARLES DR	**City and State:** STEUBENVILLE OH 43952

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 9	**Medicare Residents:** 8	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	9	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	9	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	77.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	4	44.4	43.0	37.7
Completely bedfast residents.	2	22.2	3.4	3.4
Residents confined to chairs.	7	77.8	49.1	50.8
Residents requiring restraints.	2	22.2	43.2	41.3
Confused or disoriented residents.	0	0.0	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	2	22.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LABELLE VIEW NURSING CENTER

Street Address: 1336 MARYLAND AVE		**City and State:** STEUBENVILLE OH 43953	
Participation: MEDICAID ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
83	0	79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	69	83.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	66	79.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	48	57.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	62.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	48	57.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	2.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	31	37.3	33.9	29.3
Completely bedfast residents.	5	6.0	1.6	3.6
Residents confined to chairs.	43	51.8	37.3	39.1
Residents requiring restraints.	33	39.8	36.1	31.7
Confused or disoriented residents.	33	39.8	60.6	55.8
Residents with bed sores.	5	6.0	5.3	4.7
Residents receiving special skin care.	29	34.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANCIA CONV CTR

Street Address: 717 N 6TH ST		**City and State:** STEUBENVILLE OH 43952	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	50	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	49	98.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	68.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	90.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	70.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	20.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	20.0	37.3	39.1
Residents requiring restraints.	20	40.0	36.1	31.7
Confused or disoriented residents.	24	48.0	60.6	55.8
Residents with bed sores.	2	4.0	5.3	4.7
Residents receiving special skin care.	5	10.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LANCIA VILLA ROYALE

Street Address: 1852 SINCLAIR AVENUE	**City and State:** STEUBENVILLE OH 43952

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 1	**Medicaid Residents:** 75

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	72	76.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	72	76.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	76.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	76.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	68.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	31.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	21	22.3	49.1	50.8
Residents requiring restraints.	16	17.0	43.2	41.3
Confused or disoriented residents.	16	17.0	59.0	58.4
Residents with bed sores.	1	1.1	7.6	7.1
Residents receiving special skin care.	21	22.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW NURSING HOME

Street Address: 925 N 4TH ST		**City and State:** STEUBENVILLE OH 43952	
Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
35	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	88.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	33	94.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	26	74.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	57.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	71.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	65.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	16	45.7	37.3	39.1
Residents requiring restraints.	19	54.3	36.1	31.7
Confused or disoriented residents.	22	62.9	60.6	55.8
Residents with bed sores.	2	5.7	5.3	4.7
Residents receiving special skin care.	4	11.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STOW-GLEN RETIREMENT VILLAGE

Street Address: 4285 KENT ROAD	**City and State:** STOW OH 44224

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	94.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	94	95.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	86	87.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	81.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	85.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	33	33.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	35	35.7	37.3	39.1
Residents requiring restraints.	53	54.1	36.1	31.7
Confused or disoriented residents.	77	78.6	60.6	55.8
Residents with bed sores.	12	12.2	5.3	4.7
Residents receiving special skin care.	41	41.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN PINES RETREAT

Street Address: 456 SEASONS ROAD		**City and State:** STOW OH 44224	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
46	0	40

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	69.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	39	84.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	35	76.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	35	76.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	34.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	31	67.4	37.3	39.1
Residents requiring restraints.	27	58.7	36.1	31.7
Confused or disoriented residents.	28	60.9	60.6	55.8
Residents with bed sores.	1	2.2	5.3	4.7
Residents receiving special skin care.	27	58.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALTENHEIM NURSING HOME

Street Address: 15653 PEARL RD		**City and State:** STRONGSVILLE OH 44136	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	97.8	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	91	97.8	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	79.6	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	79.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	67.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	57	61.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	37.6	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	75	80.6	49.1	50.8
Residents requiring restraints.	57	61.3	43.2	41.3
Confused or disoriented residents.	56	60.2	59.0	58.4
Residents with bed sores.	7	7.5	7.6	7.1
Residents receiving special skin care.	23	24.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MORNING VIEW CARE CENTER III

Street Address: 14961 NORTH OLD CCC HIGHWAY	**City and State:** SUNBURY OH 43074

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/09/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 47	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	95.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	39	83.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	59.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	59.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	59.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	17	36.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	23	48.9	37.3	39.1
Residents requiring restraints.	19	40.4	36.1	31.7
Confused or disoriented residents.	33	70.2	60.6	55.8
Residents with bed sores.	1	2.1	5.3	4.7
Residents receiving special skin care.	6	12.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNBURY NURSING HOME

Street Address: 144 NORTH COLUMBUS ST	**City and State:** SUNBURY OH 43074

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	84.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	21	84.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	84.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	60.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	84.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	36.0	33.9	29.3
Completely bedfast residents.	3	12.0	1.6	3.6
Residents confined to chairs.	2	8.0	37.3	39.1
Residents requiring restraints.	7	28.0	36.1	31.7
Confused or disoriented residents.	22	88.0	60.6	55.8
Residents with bed sores.	2	8.0	5.3	4.7
Residents receiving special skin care.	6	24.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE TREE INN INC

Street Address: RR 5 BOX 46	**City and State:** SWANTON OH 43558

Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	85.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	44	91.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	37	77.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	66.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	75.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	31.3	33.9	29.3
Completely bedfast residents.	1	2.1	1.6	3.6
Residents confined to chairs.	15	31.3	37.3	39.1
Residents requiring restraints.	29	60.4	36.1	31.7
Confused or disoriented residents.	39	81.3	60.6	55.8
Residents with bed sores.	1	2.1	5.3	4.7
Residents receiving special skin care.	8	16.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SWANTON HEALTH CARE & RETIREMENT CTR

Street Address: 214 S MUNSON ROAD	**City and State:** SWANTON OH 43558

Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 45	**Medicare Residents:** 0	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	44	97.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	44	97.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	32	71.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	66.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	88.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	17.8	33.9	29.3
Completely bedfast residents.	1	2.2	1.6	3.6
Residents confined to chairs.	7	15.6	37.3	39.1
Residents requiring restraints.	12	26.7	36.1	31.7
Confused or disoriented residents.	16	35.6	60.6	55.8
Residents with bed sores.	2	4.4	5.3	4.7
Residents receiving special skin care.	8	17.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BRIARFIELD OF SYLVANIA, INC.

Street Address: 5757 WHITEFORD ROAD	**City and State:** SYLVANIA OH 43560

Participation: MEDICAID ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	65.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	67	74.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	54.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	50.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	54.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	21.1	33.9	29.3
Completely bedfast residents.	2	2.2	1.6	3.6
Residents confined to chairs.	41	45.6	37.3	39.1
Residents requiring restraints.	29	32.2	36.1	31.7
Confused or disoriented residents.	58	64.4	60.6	55.8
Residents with bed sores.	18	20.0	5.3	4.7
Residents receiving special skin care.	16	17.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LAKE PARK HOSP AND NURSING CRE CTR

Street Address: 5100 HARROUN RD		**City and State:** SYLVANIA OH 43560	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 299	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 05/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	29	3

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	96.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	93	96.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	96.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	96.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	86.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	54.2	43.0	37.7
Completely bedfast residents.	15	15.6	3.4	3.4
Residents confined to chairs.	52	54.2	49.1	50.8
Residents requiring restraints.	47	49.0	43.2	41.3
Confused or disoriented residents.	78	81.3	59.0	58.4
Residents with bed sores.	10	10.4	7.6	7.1
Residents receiving special skin care.	17	17.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL GARDENS CARE CENTER

Street Address: 563 COLONY PARK		**City and State:** TALLMADGE OH 44278	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 190	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	9	64.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	10	71.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	64.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	71.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	10	71.4	43.0	37.7
Completely bedfast residents.	1	7.1	3.4	3.4
Residents confined to chairs.	8	57.1	49.1	50.8
Residents requiring restraints.	7	50.0	43.2	41.3
Confused or disoriented residents.	8	57.1	59.0	58.4
Residents with bed sores.	1	7.1	7.6	7.1
Residents receiving special skin care.	9	64.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMIT COUNTY NURSING HOME

Street Address: 1134 NORTH AVENUE		**City and State:** TALLMADGE OH 44278	
Participation: MEDICAID ICF	**# of Beds:** 120	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 116	**Medicare Residents:** 0	**Medicaid Residents:** 87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	87.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	92	79.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	86	74.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	76.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	90	77.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	6.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	30	25.9	33.9	29.3
Completely bedfast residents.	1	0.9	1.6	3.6
Residents confined to chairs.	52	44.8	37.3	39.1
Residents requiring restraints.	33	28.4	36.1	31.7
Confused or disoriented residents.	66	56.9	60.6	55.8
Residents with bed sores.	14	12.1	5.3	4.7
Residents receiving special skin care.	22	19.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUMMIT VILLA CENTER INC

Street Address: 340 SOUTHWEST AVE	**City and State:** TALLMADGE OH 44278

Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 0	**Medicaid Residents:** 25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	20	76.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	76.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	18	69.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	73.1	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	16	61.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	7.7	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	23.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	38.5	37.3	39.1
Residents requiring restraints.	10	38.5	36.1	31.7
Confused or disoriented residents.	25	96.2	60.6	55.8
Residents with bed sores.	2	7.7	5.3	4.7
Residents receiving special skin care.	5	19.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HICKORY CREEK NURSING CTR

Street Address: 51 E FOURTH ST	**City and State:** THE PLAINS OH 45780

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 132	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 130	**Medicare Residents:** 0	**Medicaid Residents:** 99

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	115	88.5	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	124	95.4	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	92	70.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	66.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	60	46.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	42	32.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	41	31.5	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	31	23.8	49.1	50.8
Residents requiring restraints.	47	36.2	43.2	41.3
Confused or disoriented residents.	75	57.7	59.0	58.4
Residents with bed sores.	6	4.6	7.6	7.1
Residents receiving special skin care.	10	7.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF FAIRFIELD

Street Address: 7820 PLEASANTVILLE RD		**City and State:** THORNVILLE OH 43076	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 186	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
148	0	112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	75.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	117	79.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	99	66.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	148	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	83	56.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	16	10.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	24.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	62	41.9	49.1	50.8
Residents requiring restraints.	41	27.7	43.2	41.3
Confused or disoriented residents.	45	30.4	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	8	5.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERFRONT MANOR INC

Street Address: 2320 W COUNTY RD #6, BOX 606, RR #2	**City and State:** TIFFEN OH 44883

Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/31/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 40	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	38	95.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	36	90.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	28	70.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	80.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	97.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	47.5	33.9	29.3
Completely bedfast residents.	2	5.0	1.6	3.6
Residents confined to chairs.	14	35.0	37.3	39.1
Residents requiring restraints.	12	30.0	36.1	31.7
Confused or disoriented residents.	23	57.5	60.6	55.8
Residents with bed sores.	3	7.5	5.3	4.7
Residents receiving special skin care.	10	25.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALTA MIRA NURSING HOME

Street Address: 55 SENECA AVENUE	**City and State:** TIFFIN OH 44883

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/14/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 39	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	87.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	36	92.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	69.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	92.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	74.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	38.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	25.6	37.3	39.1
Residents requiring restraints.	15	38.5	36.1	31.7
Confused or disoriented residents.	30	76.9	60.6	55.8
Residents with bed sores.	2	5.1	5.3	4.7
Residents receiving special skin care.	2	5.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUTUMNWOOD CARE CENTER

Street Address: 670 EAST ROUTE 18	**City and State:** TIFFIN OH 44883

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 146	**Medicare Residents:** 2	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	118	80.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	113	77.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	99	67.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	72.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	77	52.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	31.5	43.0	37.7
Completely bedfast residents.	3	2.1	3.4	3.4
Residents confined to chairs.	62	42.5	49.1	50.8
Residents requiring restraints.	69	47.3	43.2	41.3
Confused or disoriented residents.	77	52.7	59.0	58.4
Residents with bed sores.	5	3.4	7.6	7.1
Residents receiving special skin care.	72	49.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SOUTH WASHINGTON STREET NURSING HOME

Street Address: 248 SOUTH WASHINGTON STREET	**City and State:** TIFFIN OH 44883

Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 01/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 22	**Medicare Residents:** 0	**Medicaid Residents:** 7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	59.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	14	63.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	9	40.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	50.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	31.8	33.9	29.3
Completely bedfast residents.	1	4.5	1.6	3.6
Residents confined to chairs.	6	27.3	37.3	39.1
Residents requiring restraints.	8	36.4	36.1	31.7
Confused or disoriented residents.	12	54.5	60.6	55.8
Residents with bed sores.	1	4.5	5.3	4.7
Residents receiving special skin care.	8	36.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ST FRANCIS HOME INC

Street Address: 182 ST FRANCIS AVE		**City and State:** TIFFIN OH 44883	
Participation: MEDICAID ICF	**# of Beds:** 61	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
61	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	88.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	58	95.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	47	77.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	75.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	43	70.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	31.1	33.9	29.3
Completely bedfast residents.	1	1.6	1.6	3.6
Residents confined to chairs.	29	47.5	37.3	39.1
Residents requiring restraints.	36	59.0	36.1	31.7
Confused or disoriented residents.	32	52.5	60.6	55.8
Residents with bed sores.	2	3.3	5.3	4.7
Residents receiving special skin care.	36	59.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE-COLONIAL NURSING & REHAB CTR

Street Address: 3121 GLANZMAN ROAD	**City and State:** TOLEDO OH 43614

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 93	**Medicare Residents:** 1	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	93	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	81	87.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	69.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	80.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	32.3	43.0	37.7
Completely bedfast residents.	8	8.6	3.4	3.4
Residents confined to chairs.	10	10.8	49.1	50.8
Residents requiring restraints.	47	50.5	43.2	41.3
Confused or disoriented residents.	55	59.1	59.0	58.4
Residents with bed sores.	10	10.8	7.6	7.1
Residents receiving special skin care.	30	32.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE-TOLEDO NRSG & REHAB CTR

Street Address: 2051 COLLINGWOOD BLVD	**City and State:** TOLEDO OH 43620

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 174	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 26	**Medicare Residents:** 3	**Medicaid Residents:** 23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	92.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	24	92.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	24	92.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	92.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	92.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	76.9	43.0	37.7
Completely bedfast residents.	3	11.5	3.4	3.4
Residents confined to chairs.	16	61.5	49.1	50.8
Residents requiring restraints.	14	53.8	43.2	41.3
Confused or disoriented residents.	4	15.4	59.0	58.4
Residents with bed sores.	7	26.9	7.6	7.1
Residents receiving special skin care.	0	0.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHLAND AVENUE NURSING HOME INC

Street Address: 2283 ASHLAND AVE	**City and State:** TOLEDO OH 43620

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	47	97.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	37	77.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	56.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	56.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	43.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	31.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	12	25.0	37.3	39.1
Residents requiring restraints.	15	31.3	36.1	31.7
Confused or disoriented residents.	40	83.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	4.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BYRNEBROOK NURSING HOME

Street Address: 1011 NORTH BYRNE RD	**City and State:** TOLEDO OH 43607

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 73	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 72	**Medicare Residents:** 1	**Medicaid Residents:** 54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	65	90.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	65	90.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	57	79.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	77.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	77.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	2.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	22	30.6	43.0	37.7
Completely bedfast residents.	5	6.9	3.4	3.4
Residents confined to chairs.	34	47.2	49.1	50.8
Residents requiring restraints.	30	41.7	43.2	41.3
Confused or disoriented residents.	42	58.3	59.0	58.4
Residents with bed sores.	8	11.1	7.6	7.1
Residents receiving special skin care.	26	36.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHERRY HILL NURSING HOME

Street Address: 2900 CHERRY STREET	**City and State:** TOLEDO OH 43608

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	31	81.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	31	81.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	28	73.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	76.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	73.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	21.1	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	26	68.4	49.1	50.8
Residents requiring restraints.	17	44.7	43.2	41.3
Confused or disoriented residents.	28	73.7	59.0	58.4
Residents with bed sores.	1	2.6	7.6	7.1
Residents receiving special skin care.	7	18.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLLINGWOOD PARK NURSING HOME

Street Address: 1835 COLLINGWOOD AVENUE	**City and State:** TOLEDO OH 43624

Participation: MEDICAID ICF	**# of Beds:** 34	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 32	**Medicare Residents:** 0	**Medicaid Residents:** 32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	43.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	26	81.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	17	53.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	25.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	68.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	15.6	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	3	9.4	37.3	39.1
Residents requiring restraints.	2	6.3	36.1	31.7
Confused or disoriented residents.	31	96.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	6.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DARLINGTON HOUSE

Street Address: 2735 DARLINGTON ROAD		**City and State:** TOLEDO OH 43606	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 125	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 2	**Medicaid Residents:** 59

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	113	99.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	105	92.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	76	66.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	74.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	82	71.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	29.8	43.0	37.7
Completely bedfast residents.	2	1.8	3.4	3.4
Residents confined to chairs.	42	36.8	49.1	50.8
Residents requiring restraints.	55	48.2	43.2	41.3
Confused or disoriented residents.	83	72.8	59.0	58.4
Residents with bed sores.	11	9.6	7.6	7.1
Residents receiving special skin care.	34	29.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EXTENDED CARE CENTER OF TOLEDO

Street Address: 2005 ASHLAND		**City and State:** TOLEDO OH 43620	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 212	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
194	2	180

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	159	82.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	167	86.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	132	68.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	141	72.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	142	73.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	46	23.7	43.0	37.7
Completely bedfast residents.	9	4.6	3.4	3.4
Residents confined to chairs.	156	80.4	49.1	50.8
Residents requiring restraints.	55	28.4	43.2	41.3
Confused or disoriented residents.	132	68.0	59.0	58.4
Residents with bed sores.	15	7.7	7.6	7.1
Residents receiving special skin care.	89	45.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRVIEW MANOR NURSING HOME

Street Address: 4420 SOUTH STREET	**City and State:** TOLEDO OH 43615

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 137	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 132	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	110	83.3	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	98	74.2	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	82	62.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	76.5	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	78	59.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	56	42.4	43.0	37.7
Completely bedfast residents.	1	0.8	3.4	3.4
Residents confined to chairs.	83	62.9	49.1	50.8
Residents requiring restraints.	50	37.9	43.2	41.3
Confused or disoriented residents.	85	64.4	59.0	58.4
Residents with bed sores.	6	4.5	7.6	7.1
Residents receiving special skin care.	14	10.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOLDEN HAVEN NURSING HOME

Street Address: 2901 TREMAINSVILLE RD		**City and State:** TOLEDO OH 43613	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 94	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 52	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	67.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	48	92.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	40	76.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	71.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	40	76.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	18	34.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	26.9	43.0	37.7
Completely bedfast residents.	1	1.9	3.4	3.4
Residents confined to chairs.	29	55.8	49.1	50.8
Residents requiring restraints.	39	75.0	43.2	41.3
Confused or disoriented residents.	39	75.0	59.0	58.4
Residents with bed sores.	6	11.5	7.6	7.1
Residents receiving special skin care.	14	26.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE CENTER

Street Address: 3225 GLANZMAN RD	**City and State:** TOLEDO OH 43614

Participation: MEDICAID ICF	**# of Beds:** 26	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 25	**Medicare Residents:** 0	**Medicaid Residents:** 21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	96.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	23	92.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	72.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	92.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	64.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	20.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	44.0	37.3	39.1
Residents requiring restraints.	8	32.0	36.1	31.7
Confused or disoriented residents.	16	64.0	60.6	55.8
Residents with bed sores.	3	12.0	5.3	4.7
Residents receiving special skin care.	15	60.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and 'Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY CARE SEAGATE

Street Address: 2803 117TH STREET	**City and State:** TOLEDO OH 43611

Participation: MEDICAID ICF	**# of Beds:** 19	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	9	56.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	14	87.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	7	43.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	37.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	6	37.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	31.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	43.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	12.5	37.3	39.1
Residents requiring restraints.	1	6.3	36.1	31.7
Confused or disoriented residents.	4	25.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	4	25.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IMPERIAL MANOR NH

Street Address: 4816 DORR ST		**City and State:** TOLEDO OH 43615	
Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
25	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	22	88.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	64.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	76.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	15	60.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	52.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	20.0	37.3	39.1
Residents requiring restraints.	10	40.0	36.1	31.7
Confused or disoriented residents.	2	8.0	60.6	55.8
Residents with bed sores.	1	4.0	5.3	4.7
Residents receiving special skin care.	7	28.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN OLD FOLKS HME

Street Address: 2411 SEAMAN ST	**City and State:** TOLEDO OH 43605

Participation: MEDICAID ICF	**# of Beds:** 235	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 228	**Medicare Residents:** 0	**Medicaid Residents:** 102

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	145	63.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	142	62.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	123	53.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	111	48.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	112	49.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	10	4.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	49	21.5	33.9	29.3
Completely bedfast residents.	6	2.6	1.6	3.6
Residents confined to chairs.	64	28.1	37.3	39.1
Residents requiring restraints.	67	29.4	36.1	31.7
Confused or disoriented residents.	86	37.7	60.6	55.8
Residents with bed sores.	6	2.6	5.3	4.7
Residents receiving special skin care.	39	17.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARIGARDE-SYLVANIA NURSING HOME

Street Address: 4111 HOLLAND-SYLVANIA ROAD		**City and State:** TOLEDO OH 43623	
Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
93	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	81.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	79	84.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	69	74.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	77.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	76.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	5	5.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	42	45.2	33.9	29.3
Completely bedfast residents.	1	1.1	1.6	3.6
Residents confined to chairs.	67	72.0	37.3	39.1
Residents requiring restraints.	56	60.2	36.1	31.7
Confused or disoriented residents.	55	59.1	60.6	55.8
Residents with bed sores.	15	16.1	5.3	4.7
Residents receiving special skin care.	17	18.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MARKS NURSING HOME

Street Address: 2109 COLLINGWOOD BLVD		**City and State:** TOLEDO OH 43620	
Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
29	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	34.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	17	58.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	14	48.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	37.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	44.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	19	65.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	5	17.2	37.3	39.1
Residents requiring restraints.	1	3.4	36.1	31.7
Confused or disoriented residents.	23	79.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	6.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROBINWOOD CARE CTR

Street Address: 2024 ROBINWOOD AVENUE		**City and State:** TOLEDO OH 43620	
Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
16	0	15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	87.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	14	87.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	62.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	56.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	62.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	25.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	43.8	37.3	39.1
Residents requiring restraints.	8	50.0	36.1	31.7
Confused or disoriented residents.	9	56.3	60.6	55.8
Residents with bed sores.	1	6.3	5.3	4.7
Residents receiving special skin care.	1	6.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNSET HOUSE

Street Address: 4020 INDIAN ROAD		**City and State:** TOLEDO OH 43606	
Participation: MEDICAID ICF	**# of Beds:** 48	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 10/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
44	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	27	61.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	33	75.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	25	56.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	63.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	54.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	40.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	9	20.5	37.3	39.1
Residents requiring restraints.	13	29.5	36.1	31.7
Confused or disoriented residents.	20	45.5	60.6	55.8
Residents with bed sores.	1	2.3	5.3	4.7
Residents receiving special skin care.	10	22.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA NORTH NURS HOME

Street Address: 4645 LEWIS AVE		**City and State:** TOLEDO OH 43612	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 250	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 248	**Medicare Residents:** 1	**Medicaid Residents:** 173

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	191	77.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	189	76.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	172	69.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	192	77.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	143	57.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	154	62.1	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	127	51.2	49.1	50.8
Residents requiring restraints.	129	52.0	43.2	41.3
Confused or disoriented residents.	122	49.2	59.0	58.4
Residents with bed sores.	11	4.4	7.6	7.1
Residents receiving special skin care.	52	21.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WATERFORD COMMONS

Street Address: 955 GARDEN LAKE PARKWAY		**City and State:** TOLEDO OH 43614	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 75	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
4	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	2	50.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	2	50.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	4	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	50.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	2	50.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	1	25.0	43.0	37.7
Completely bedfast residents.	1	25.0	3.4	3.4
Residents confined to chairs.	1	25.0	49.1	50.8
Residents requiring restraints.	1	25.0	43.2	41.3
Confused or disoriented residents.	3	75.0	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	3	75.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WUNDERLY NURSING HOME

Street Address: 2205 PARKWOOD		**City and State:** TOLEDO OH 43620	
Participation: MEDICAID ICF	**# of Beds:** 29	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	22

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	21	91.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	20	87.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	87.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	60.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	20	87.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	13.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	8	34.8	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	9	39.1	60.6	55.8
Residents with bed sores.	2	8.7	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	NOT MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DETTMER HOSPITAL

Street Address: 3130 NORTH DIXIE HIGHWAY	**City and State:** TROY OH 45373

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 39	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 09/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	38	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	38	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	38	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	92.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	81.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	7.9	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	100	43.0	37.7
Completely bedfast residents.	1	2.6	3.4	3.4
Residents confined to chairs.	21	55.3	49.1	50.8
Residents requiring restraints.	20	52.6	43.2	41.3
Confused or disoriented residents.	14	36.8	59.0	58.4
Residents with bed sores.	4	10.5	7.6	7.1
Residents receiving special skin care.	13	34.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MIAMI COUNTY HEALTH CARE CENTER

Street Address: 3032 N COUNTY RD 25A	**City and State:** TROY OH 45373

Participation: MEDICAID ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/20/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 139	**Medicare Residents:** 0	**Medicaid Residents:** 98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	108	77.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	86	61.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	78	56.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	66.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	58.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	10	7.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	50	36.0	37.3	39.1
Residents requiring restraints.	51	36.7	36.1	31.7
Confused or disoriented residents.	64	46.0	60.6	55.8
Residents with bed sores.	10	7.2	5.3	4.7
Residents receiving special skin care.	15	10.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLA CONVALESCENT CENTER

Street Address: 512 CRESCENT DRIVE	**City and State:** TROY OH 45373

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 195	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 2	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	58.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	16	66.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	15	62.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	62.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	45.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	33.3	43.0	37.7
Completely bedfast residents.	3	12.5	3.4	3.4
Residents confined to chairs.	3	12.5	49.1	50.8
Residents requiring restraints.	7	29.2	43.2	41.3
Confused or disoriented residents.	14	58.3	59.0	58.4
Residents with bed sores.	2	8.3	7.6	7.1
Residents receiving special skin care.	6	25.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOVE NURSING FACILITY

Street Address: RT 1 CO. RD. 28		**City and State:** UHRICHSVILLE OH 44783	
Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
22	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	17	77.3	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	20	90.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	15	68.2	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	68.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	15	68.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	2	9.1	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	9	40.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	45.5	37.3	39.1
Residents requiring restraints.	10	45.5	36.1	31.7
Confused or disoriented residents.	22	100	60.6	55.8
Residents with bed sores.	2	9.1	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ROHRIG'S NURSING HOME 1

Street Address: 449 EAST FOURTH ST	**City and State:** UHRICHSVILLE OH 44683

Participation: MEDICAID ICF	**# of Beds:** 14	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 13	**Medicare Residents:** 0	**Medicaid Residents:** 12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	84.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	8	61.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	61.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	84.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	61.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	4	30.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	46.2	37.3	39.1
Residents requiring restraints.	2	15.4	36.1	31.7
Confused or disoriented residents.	3	23.1	60.6	55.8
Residents with bed sores.	1	7.7	5.3	4.7
Residents receiving special skin care.	1	7.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TWIN CITY HEALTH CARE CENTER

Street Address: 200 SPANSON DRIVE	**City and State:** UHRICHSVILLE OH 44683

Participation: MEDICAID ICF	**# of Beds:** 67	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 51

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	57	87.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	57	87.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	45	69.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	53.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	45	69.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	34	52.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	57	87.7	33.9	29.3
Completely bedfast residents.	3	4.6	1.6	3.6
Residents confined to chairs.	35	53.8	37.3	39.1
Residents requiring restraints.	24	36.9	36.1	31.7
Confused or disoriented residents.	25	38.5	60.6	55.8
Residents with bed sores.	1	1.5	5.3	4.7
Residents receiving special skin care.	9	13.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CROTINGER NH

Street Address: 907 CENTRAL AVE	**City and State:** UNION CITY OH 43790

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 48	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	33	68.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	43	89.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	64.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	64.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	66.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	29.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	20.8	37.3	39.1
Residents requiring restraints.	24	50.0	36.1	31.7
Confused or disoriented residents.	23	47.9	60.6	55.8
Residents with bed sores.	4	8.3	5.3	4.7
Residents receiving special skin care.	5	10.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRHAVEN HOME

Street Address: 850 S MAREILLES AVE	**City and State:** UPPER SANDUSKY OH 43351

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 01/21/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 0	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	106	73.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	101	70.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	107	74.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	61.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	72	50.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	25.0	43.0	37.7
Completely bedfast residents.	2	1.4	3.4	3.4
Residents confined to chairs.	49	34.0	49.1	50.8
Residents requiring restraints.	34	23.6	43.2	41.3
Confused or disoriented residents.	58	40.3	59.0	58.4
Residents with bed sores.	11	7.6	7.6	7.1
Residents receiving special skin care.	61	42.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SUNNY VILLA CARE CENTER INC

Street Address: 342 S 8TH ST	**City and State:** UPPER SANDUSKY OH 43351

Participation: MEDICAID ICF	**# of Beds:** 22	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 16

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	12	70.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	47.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	3	17.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	47.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	11.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	5.9	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	13	76.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	5.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WYANDOT COUNTY NH

Street Address: 7830 N ST HWY 199 RR2		**City and State:** UPPER SANDUSKY OH 43351	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/30/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
96	0	27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	88.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	88	91.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	66	68.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	62.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	71.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	12	12.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	36	37.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	39	40.6	37.3	39.1
Residents requiring restraints.	55	57.3	36.1	31.7
Confused or disoriented residents.	65	67.7	60.6	55.8
Residents with bed sores.	3	3.1	5.3	4.7
Residents receiving special skin care.	29	30.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WYANDOT MANOR

Street Address: 800 MISSION DR	**City and State:** UPPER SANDUSKY OH 43351

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 59	**Medicare Residents:** 0	**Medicaid Residents:** 45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	55	93.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	48	81.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	45	76.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	69.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	64.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	28.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	40	67.8	49.1	50.8
Residents requiring restraints.	22	37.3	43.2	41.3
Confused or disoriented residents.	19	32.2	59.0	58.4
Residents with bed sores.	4	6.8	7.6	7.1
Residents receiving special skin care.	11	18.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CHAMPAIGN NURSING HOME

Street Address: 2380 ST RT 68, PO BOX 149	**City and State:** URBANA OH 43078

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 130	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 12/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 114	**Medicare Residents:** 0	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	102	89.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	94	82.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	75	65.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	62.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	62.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	29.8	43.0	37.7
Completely bedfast residents.	2	1.8	3.4	3.4
Residents confined to chairs.	55	48.2	49.1	50.8
Residents requiring restraints.	51	44.7	43.2	41.3
Confused or disoriented residents.	64	56.1	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	57	50.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF URBANA

Street Address: 741 E WATER STREET	**City and State:** URBANA OH 43078

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 2	**Medicaid Residents:** 66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	80.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	83	84.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	72	73.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	56.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	67.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	30.6	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	57	58.2	49.1	50.8
Residents requiring restraints.	37	37.8	43.2	41.3
Confused or disoriented residents.	72	73.5	59.0	58.4
Residents with bed sores.	2	2.0	7.6	7.1
Residents receiving special skin care.	54	55.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MCAULEY CENTER

Street Address: 906 SCIOTO STREET		**City and State:** URBANA OH 43078	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	53

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	77	77.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	94	94.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	64	64.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	70.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	61	61.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	4	4.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	51	51.5	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	47	47.5	49.1	50.8
Residents requiring restraints.	34	34.3	43.2	41.3
Confused or disoriented residents.	22	22.2	59.0	58.4
Residents with bed sores.	3	3.0	7.6	7.1
Residents receiving special skin care.	35	35.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
UTICA NURSING HOME

Street Address: 233 N MAIN ST	**City and State:** UTICA OH 43080

Participation: MEDICAID ICF	**# of Beds:** 35	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	22	78.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	24	85.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	21	75.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	67.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	64.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	28.6	33.9	29.3
Completely bedfast residents.	3	10.7	1.6	3.6
Residents confined to chairs.	13	46.4	37.3	39.1
Residents requiring restraints.	5	17.9	36.1	31.7
Confused or disoriented residents.	0	0.0	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	7.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VAN CREST NURSING HOME

Street Address: RR 4		**City and State:** VAN WERT OH 45891	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 77	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
59	1	38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	89.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	55	93.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	46	78.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	94.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	71.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	33.9	43.0	37.7
Completely bedfast residents.	2	3.4	3.4	3.4
Residents confined to chairs.	23	39.0	49.1	50.8
Residents requiring restraints.	28	47.5	43.2	41.3
Confused or disoriented residents.	51	86.4	59.0	58.4
Residents with bed sores.	5	8.5	7.6	7.1
Residents receiving special skin care.	1	1.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VAN WERT MANOR

Street Address: 160 FOX ROAD	**City and State:** VAN WERT OH 45891

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 60

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	94	94.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	94	94.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	71	71.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	71.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	50.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	29	29.3	43.0	37.7
Completely bedfast residents.	2	2.0	3.4	3.4
Residents confined to chairs.	25	25.3	49.1	50.8
Residents requiring restraints.	29	29.3	43.2	41.3
Confused or disoriented residents.	47	47.5	59.0	58.4
Residents with bed sores.	7	7.1	7.6	7.1
Residents receiving special skin care.	64	64.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRANKLIN NURSING CENTER OF VANDALIA

Street Address: 208 N CASSELL RD		**City and State:** VANDALIA OH 43277	
Participation: MEDICAID ICF	**# of Beds:** 161	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
156	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	130	83.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	141	90.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	100	64.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	68.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	108	69.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	83	53.2	33.9	29.3
Completely bedfast residents.	1	0.6	1.6	3.6
Residents confined to chairs.	81	51.9	37.3	39.1
Residents requiring restraints.	131	84.0	36.1	31.7
Confused or disoriented residents.	156	100	60.6	55.8
Residents with bed sores.	8	5.1	5.3	4.7
Residents receiving special skin care.	14	9.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIVERVIEW NURSING HOME

Street Address: 5472 E LIBERTY		**City and State:** VERMILION OH 44089	
Participation: MEDICAID ICF	**# of Beds:** 19	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/02/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
11	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	90.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	9	81.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	8	72.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	8	72.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	9.1	33.9	29.3
Completely bedfast residents.	1	9.1	1.6	3.6
Residents confined to chairs.	3	27.3	37.3	39.1
Residents requiring restraints.	2	18.2	36.1	31.7
Confused or disoriented residents.	10	90.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	18.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERMILION MANOR

Street Address: 4210 TELEGRAPH LANE	**City and State:** VERMILION OH 44089

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 77

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	88.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	88	88.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	71	71.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	78.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	53	53.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	8	8.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	74	74.7	43.0	37.7
Completely bedfast residents.	4	4.0	3.4	3.4
Residents confined to chairs.	37	37.4	49.1	50.8
Residents requiring restraints.	51	51.5	43.2	41.3
Confused or disoriented residents.	37	37.4	59.0	58.4
Residents with bed sores.	4	4.0	7.6	7.1
Residents receiving special skin care.	39	39.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VERSAILLES HEALTH CARE CENTER

Street Address: 200 MARKER ROAD		**City and State:** VERSAILLES OH 45380	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	44

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	36	73.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	40	81.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	69.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	91.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	69.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	18	36.7	33.9	29.3
Completely bedfast residents.	1	2.0	1.6	3.6
Residents confined to chairs.	10	20.4	37.3	39.1
Residents requiring restraints.	17	34.7	36.1	31.7
Confused or disoriented residents.	31	63.3	60.6	55.8
Residents with bed sores.	2	4.1	5.3	4.7
Residents receiving special skin care.	14	28.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAGNOLIA CARE CTR

Street Address: 365 JOHNSON RD	**City and State:** WADSWORTH OH 44281

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 108	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	94	87.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	93	86.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	74.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	72.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	62.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	7	6.5	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	44.4	43.0	37.7
Completely bedfast residents.	6	5.6	3.4	3.4
Residents confined to chairs.	60	55.6	49.1	50.8
Residents requiring restraints.	57	52.8	43.2	41.3
Confused or disoriented residents.	62	57.4	59.0	58.4
Residents with bed sores.	8	7.4	7.6	7.1
Residents receiving special skin care.	102	94.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WADSWORTH HEALTH CARE CTR

Street Address: 147 GARFIELD STREET	**City and State:** WADSWORTH OH 44281

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 112	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 83

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	91	92.9	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	83	84.7	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	74	75.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	81.6	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	72	73.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	27	27.6	43.0	37.7
Completely bedfast residents.	8	8.2	3.4	3.4
Residents confined to chairs.	39	39.8	49.1	50.8
Residents requiring restraints.	43	43.9	43.2	41.3
Confused or disoriented residents.	67	68.4	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	14	14.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALNUT HILLS NH

Street Address: 4748 OLDE PUMP STREET BOX 127	**City and State:** WALNUT CREEK OH 44687

Participation: MEDICAID ICF	**# of Beds:** 102	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 100	**Medicare Residents:** 0	**Medicaid Residents:** 100

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	92	92.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	93	93.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	77	77.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	82.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	75	75.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	53	53.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	50	50.0	37.3	39.1
Residents requiring restraints.	33	33.0	36.1	31.7
Confused or disoriented residents.	81	81.0	60.6	55.8
Residents with bed sores.	1	1.0	5.3	4.7
Residents receiving special skin care.	30	30.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WALTON MANOR HEALTH CARE CENTRE

Street Address: 19859 ALEXANDER ROAD (CUYAHOGA COUNTY)	**City and State:** WALTON HILLS OH 44146

Participation: MEDICARE SNF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	82.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	15	88.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	13	76.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	88.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	64.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	17.6	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	12	70.6	49.1	50.8
Residents requiring restraints.	12	70.6	43.2	41.3
Confused or disoriented residents.	10	58.8	59.0	58.4
Residents with bed sores.	1	5.9	7.6	7.1
Residents receiving special skin care.	7	41.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUGLAIZE ACRES

Street Address: ROUTE 4	**City and State:** WAPAKONETA OH 45895

Participation: MEDICAID ICF	**# of Beds:** 142	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 134	**Medicare Residents:** 0	**Medicaid Residents:** 67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	111	82.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	95	70.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	71	53.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	61.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	50.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	14.9	33.9	29.3
Completely bedfast residents.	4	3.0	1.6	3.6
Residents confined to chairs.	58	43.3	37.3	39.1
Residents requiring restraints.	25	18.7	36.1	31.7
Confused or disoriented residents.	46	34.3	60.6	55.8
Residents with bed sores.	2	1.5	5.3	4.7
Residents receiving special skin care.	13	9.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WAPAKONETA MANOR

Street Address: ROUTE 4 ROAD 501	**City and State:** WAPAKONETA OH 45895

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 68	**Medicare Residents:** 0	**Medicaid Residents:** 49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	61	89.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	68	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	50	73.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	83.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	61.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	20	29.4	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	19	27.9	49.1	50.8
Residents requiring restraints.	29	42.6	43.2	41.3
Confused or disoriented residents.	13	19.1	59.0	58.4
Residents with bed sores.	4	5.9	7.6	7.1
Residents receiving special skin care.	46	67.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ALBERTS NURSING HOME

Street Address: 2035 VAN WYE S E		**City and State:** WARREN OH 44484	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	14	82.4	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	13	76.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	52.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	82.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	2	11.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	6	35.3	49.1	50.8
Residents requiring restraints.	1	5.9	43.2	41.3
Confused or disoriented residents.	15	88.2	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	2	11.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COMMUNITY SKILLED NSG CTR

Street Address: 1320 MAHONING AVE	**City and State:** WARREN OH 44483

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 160	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 144	**Medicare Residents:** 1	**Medicaid Residents:** 110

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	124	86.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	120	83.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	109	75.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	75.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	103	71.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	41.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	81	56.3	49.1	50.8
Residents requiring restraints.	81	56.3	43.2	41.3
Confused or disoriented residents.	111	77.1	59.0	58.4
Residents with bed sores.	18	12.5	7.6	7.1
Residents receiving special skin care.	79	54.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GILLETTE NURSING HOME

Street Address: 3310 ELM ROAD		**City and State:** WARREN OH 44483	
Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
70	0	54

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	92.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	66	94.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	49	70.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	52.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	9	12.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	31.4	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	41	58.6	37.3	39.1
Residents requiring restraints.	13	18.6	36.1	31.7
Confused or disoriented residents.	42	60.0	60.6	55.8
Residents with bed sores.	9	12.9	5.3	4.7
Residents receiving special skin care.	17	24.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GILLETTES THE COUNTRY PLACE

Street Address: 2473 NORTH RD N E	**City and State:** WARREN OH 44483

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 222	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 179	**Medicare Residents:** 6	**Medicaid Residents:** 139

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	148	82.7	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	134	74.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	128	71.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	142	79.3	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	104	58.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	32	17.9	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	77	43.0	43.0	37.7
Completely bedfast residents.	8	4.5	3.4	3.4
Residents confined to chairs.	112	62.6	49.1	50.8
Residents requiring restraints.	75	41.9	43.2	41.3
Confused or disoriented residents.	94	52.5	59.0	58.4
Residents with bed sores.	14	7.8	7.6	7.1
Residents receiving special skin care.	75	41.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
IMPERIAL SKILLED CARE CTR

Street Address: 4121 TOD AVE N W		**City and State:** WARREN OH 44485	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 121	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	1	80

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	80.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	75	75.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	73	73.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	67.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	65.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	6	6.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	33.0	43.0	37.7
Completely bedfast residents.	17	17.0	3.4	3.4
Residents confined to chairs.	45	45.0	49.1	50.8
Residents requiring restraints.	53	53.0	43.2	41.3
Confused or disoriented residents.	39	39.0	59.0	58.4
Residents with bed sores.	18	18.0	7.6	7.1
Residents receiving special skin care.	16	16.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RIDGE CREST CARE CENTER

Street Address: 1926 RIDGE ROAD	**City and State:** WARREN OH 44484

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/29/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	90.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	66	82.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	47	58.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	92.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	48.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	10.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	7.5	37.3	39.1
Residents requiring restraints.	5	6.3	36.1	31.7
Confused or disoriented residents.	70	87.5	60.6	55.8
Residents with bed sores.	7	8.7	5.3	4.7
Residents receiving special skin care.	31	38.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WASHINGTON SQUARE NURSING HOME INC

Street Address: 202 WASHINGTON ST N	**City and State:** WARREN OH 44483

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 80	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	67.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	54	67.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	51.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	56.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	41.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	10	12.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	22	27.5	33.9	29.3
Completely bedfast residents.	1	1.2	1.6	3.6
Residents confined to chairs.	30	37.5	37.3	39.1
Residents requiring restraints.	20	25.0	36.1	31.7
Confused or disoriented residents.	29	36.2	60.6	55.8
Residents with bed sores.	7	8.7	5.3	4.7
Residents receiving special skin care.	16	20.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AUBURN MANOR

Street Address: 375 GLENN AVE	**City and State:** WASHINGTON COURT HOUSE OH 43160

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 0	**Medicaid Residents:** 47

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	93.1	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	77	88.5	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	70	80.5	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	95.4	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	80.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	63	72.4	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	34	39.1	49.1	50.8
Residents requiring restraints.	35	40.2	43.2	41.3
Confused or disoriented residents.	61	70.1	59.0	58.4
Residents with bed sores.	1	1.1	7.6	7.1
Residents receiving special skin care.	49	56.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CASE CONV CTR

Street Address: 726 RAWLING ST	**City and State:** WASHINGTON COURT HOUSE OH 43160

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 144	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	87	87.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	92	92.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	85	85.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	75.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	85	85.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	26	26.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	68	68.7	49.1	50.8
Residents requiring restraints.	25	25.3	43.2	41.3
Confused or disoriented residents.	60	60.6	59.0	58.4
Residents with bed sores.	1	1.0	7.6	7.1
Residents receiving special skin care.	99	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COURT HOUSE MANOR

Street Address: 250 GLENN AVE	**City and State:** WASHINGTON COURT HOUSE OH 43160

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	76	82.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	76	82.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	60	65.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	60.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	68.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	33	35.9	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	49	53.3	49.1	50.8
Residents requiring restraints.	33	35.9	43.2	41.3
Confused or disoriented residents.	45	48.9	59.0	58.4
Residents with bed sores.	5	5.4	7.6	7.1
Residents receiving special skin care.	22	23.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST MANOR CARE CENTER

Street Address: 6674 STAFFORD ROAD R D 1		**City and State:** WASHINGTON COURT HOUSE OH 43160	
Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
23	0	21

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	73.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	23	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	16	69.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	69.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	69.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	26.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	17.4	37.3	39.1
Residents requiring restraints.	7	30.4	36.1	31.7
Confused or disoriented residents.	18	78.3	60.6	55.8
Residents with bed sores.	2	8.7	5.3	4.7
Residents receiving special skin care.	18	78.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUIET ACRES NURSING HOME

Street Address: 1771 PALMER ROAD	**City and State:** WASHINGTON COURT HOUSE OH 43160

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 44	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	68.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	40	90.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	27	61.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	54.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	56.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	34.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	17	38.6	37.3	39.1
Residents requiring restraints.	19	43.2	36.1	31.7
Confused or disoriented residents.	23	52.3	60.6	55.8
Residents with bed sores.	1	2.3	5.3	4.7
Residents receiving special skin care.	8	18.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINTERSONG VILLAGE OF WASHINGTON CH

Street Address: 719 RAWLING ST		**City and State:** WASHINGTON COURT HOUSE OH 43160	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	0	23

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	24	80.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	24	80.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	18	60.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	66.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	16	53.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	26.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	10	33.3	37.3	39.1
Residents requiring restraints.	8	26.7	36.1	31.7
Confused or disoriented residents.	21	70.0	60.6	55.8
Residents with bed sores.	1	3.3	5.3	4.7
Residents receiving special skin care.	1	3.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
BROWNING CARE CENTER INC

Street Address: 8885 BROWNING		**City and State:** WATERVILLE OH 43566	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 149	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
143	0	87

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	84.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	109	76.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	97	67.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	65.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	13.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	26.6	43.0	37.7
Completely bedfast residents.	2	1.4	3.4	3.4
Residents confined to chairs.	98	68.5	49.1	50.8
Residents requiring restraints.	61	42.7	43.2	41.3
Confused or disoriented residents.	96	67.1	59.0	58.4
Residents with bed sores.	4	2.8	7.6	7.1
Residents receiving special skin care.	18	12.6	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLCREST CARE CENTER

Street Address: 555 ANTHONY WAYNE TRAIL	**City and State:** WATERVILLE OH 43566

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/11/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 41	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	40	97.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	29	70.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	29.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	48.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	29.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	2	4.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	7	17.1	36.1	31.7
Confused or disoriented residents.	21	51.2	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	2.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DETWILER MANOR

Street Address: 604 S SHOOP AVE		**City and State:** WAUSEON OH 43567	
Participation: MEDICAID ICF	**# of Beds:** 71	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 07/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
65	0	49

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	53	81.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	58	89.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	41	63.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	64.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	31	47.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	20.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	34	52.3	37.3	39.1
Residents requiring restraints.	11	16.9	36.1	31.7
Confused or disoriented residents.	26	40.0	60.6	55.8
Residents with bed sores.	9	13.8	5.3	4.7
Residents receiving special skin care.	30	46.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEARTLAND OF WAUSEON

Street Address: 303 W LEGGETT ST BOX 1		**City and State:** WAUSEON OH 43567	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 53	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
10	0	7

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	10	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	9	90.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	9	90.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	90.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	40.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	5	50.0	43.0	37.7
Completely bedfast residents.	1	10.0	3.4	3.4
Residents confined to chairs.	5	50.0	49.1	50.8
Residents requiring restraints.	4	40.0	43.2	41.3
Confused or disoriented residents.	4	40.0	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	2	20.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEFFNERS IVY COTTAGE NURSING HOME

Street Address: 5596 ELBON RD RD3	**City and State:** WAYNESVILLE OH 45068

Participation: MEDICAID ICF	**# of Beds:** 25	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/06/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 14	**Medicare Residents:** 0	**Medicaid Residents:** 8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	13	92.9	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	12	85.7	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	8	57.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	92.9	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	92.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	5	35.7	33.9	29.3
Completely bedfast residents.	1	7.1	1.6	3.6
Residents confined to chairs.	3	21.4	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	13	92.9	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	7.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
QUAKER HEIGHTS NURSING HOME

Street Address: 514 W HIGH ST, BOX 677	**City and State:** WAYNESVILLE OH 45068

Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 85	**Medicare Residents:** 0	**Medicaid Residents:** 48

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	60	70.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	72	84.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	73	85.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	77.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	72.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	18	21.2	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	50	58.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	50	58.8	37.3	39.1
Residents requiring restraints.	41	48.2	36.1	31.7
Confused or disoriented residents.	44	51.8	60.6	55.8
Residents with bed sores.	4	4.7	5.3	4.7
Residents receiving special skin care.	5	5.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELMS CONVALESCENT HOME REHAB CTR

Street Address: 136 S MAIN ST	**City and State:** WELLINGTON OH 44090

Participation: MEDICAID ICF	**# of Beds:** 74	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 70	**Medicare Residents:** 0	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	52	74.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	60	85.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	46	65.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	70.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	50	71.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	14	20.0	33.9	29.3
Completely bedfast residents.	1	1.4	1.6	3.6
Residents confined to chairs.	27	38.6	37.3	39.1
Residents requiring restraints.	27	38.6	36.1	31.7
Confused or disoriented residents.	44	62.9	60.6	55.8
Residents with bed sores.	3	4.3	5.3	4.7
Residents receiving special skin care.	70	100	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEBERS NURSING HOME

Street Address: 214 HERRICK AVE E	**City and State:** WELLINGTON OH 44090

Participation: MEDICAID ICF	**# of Beds:** 69	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 29	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	89.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	25	86.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	15	51.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	65.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	72.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	11	37.9	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	7	24.1	37.3	39.1
Residents requiring restraints.	7	24.1	36.1	31.7
Confused or disoriented residents.	19	65.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	6.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WELLINGTON MANOR NURSING HOME

Street Address: 116 PROSPECT AVE BOX 164		**City and State:** WELLINGTON OH 44090	
Participation: MEDICAID ICF	**# of Beds:** 17	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	0	13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	78.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	14	100	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	85.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	85.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	85.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	12	85.7	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	1	7.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	14	100	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	5	35.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWOOD MANOR OF WELLSTON

Street Address: 405 N PARK AVE		**City and State:** WELLSTON OH 45692	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	72.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	35	74.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	51.1	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	80.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	25	53.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	25.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	17	36.2	37.3	39.1
Residents requiring restraints.	15	31.9	36.1	31.7
Confused or disoriented residents.	29	61.7	60.6	55.8
Residents with bed sores.	3	6.4	5.3	4.7
Residents receiving special skin care.	14	29.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
JENKINS MEMORIAL NH

Street Address: 142 JENKINS MEMORIAL RD		**City and State:** WELLSTON OH 45692	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 43	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	1	29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	35	85.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	39	95.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	35	85.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	80.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	34	82.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	4.9	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	68.3	43.0	37.7
Completely bedfast residents.	1	2.4	3.4	3.4
Residents confined to chairs.	33	80.5	49.1	50.8
Residents requiring restraints.	30	73.2	43.2	41.3
Confused or disoriented residents.	29	70.7	59.0	58.4
Residents with bed sores.	1	2.4	7.6	7.1
Residents receiving special skin care.	5	12.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MAPLE HEIGHTS NURSING HOME

Street Address: 406 EAST A ST		**City and State:** WELLSTON OH 45692	
Participation: MEDICAID ICF	**# of Beds:** 16	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	0	10

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	92.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	11	78.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	71.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	85.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	8	57.1	33.9	29.3
Completely bedfast residents.	2	14.3	1.6	3.6
Residents confined to chairs.	6	42.9	37.3	39.1
Residents requiring restraints.	9	64.3	36.1	31.7
Confused or disoriented residents.	13	92.9	60.6	55.8
Residents with bed sores.	3	21.4	5.3	4.7
Residents receiving special skin care.	4	28.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANSION HEALTH CARE

Street Address: 1037 MAIN ST PO BOX 35	**City and State:** WELLSVILLE OH 43968

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	11	68.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	10	62.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	5	31.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	37.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	5	31.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	56.3	33.9	29.3
Completely bedfast residents.	1	6.3	1.6	3.6
Residents confined to chairs.	4	25.0	37.3	39.1
Residents requiring restraints.	4	25.0	36.1	31.7
Confused or disoriented residents.	11	68.8	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	12.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ELM CREEK NURSING CENTER

Street Address: 115 ELMWOOD CIRCLE		**City and State:** WEST CARROLLTON OH 45449	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/01/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	74

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	96	96.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	96	96.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	89	89.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	86.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	84	84.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	50	50.0	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	2	2.0	49.1	50.8
Residents requiring restraints.	56	56.0	43.2	41.3
Confused or disoriented residents.	62	62.0	59.0	58.4
Residents with bed sores.	12	12.0	7.6	7.1
Residents receiving special skin care.	24	24.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOWS NURSING HOME

Street Address: 9117 CINCINNATI-COLUMBUS RD		**City and State:** WEST CHESTER OH 45069	
Participation: MEDICAID ICF	**# of Beds:** 105	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/01/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
94	0	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	72	76.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	81	86.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	77	81.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	78.7	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	67	71.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	74	78.7	33.9	29.3
Completely bedfast residents.	1	1.1	1.6	3.6
Residents confined to chairs.	57	60.6	37.3	39.1
Residents requiring restraints.	37	39.4	36.1	31.7
Confused or disoriented residents.	83	88.3	60.6	55.8
Residents with bed sores.	16	17.0	5.3	4.7
Residents receiving special skin care.	20	21.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HAMPTON COURT

Street Address: 375 W MAIN ST		**City and State:** WEST JEFFERSON OH 43162	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	48	98.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	43	87.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	43	87.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	87.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	59.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	10.2	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	81.6	43.0	37.7
Completely bedfast residents.	1	2.0	3.4	3.4
Residents confined to chairs.	22	44.9	49.1	50.8
Residents requiring restraints.	23	46.9	43.2	41.3
Confused or disoriented residents.	33	67.3	59.0	58.4
Residents with bed sores.	3	6.1	7.6	7.1
Residents receiving special skin care.	4	8.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST LAFAYETTE CARE CTR

Street Address: 620 E MAIN ST	**City and State:** WEST LAFAYETTE OH 43845

Participation: MEDICAID ICF	**# of Beds:** 96	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 84	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	74	88.1	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	70	83.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	55	65.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	65.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	56	66.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	8	9.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	19.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	32	38.1	37.3	39.1
Residents requiring restraints.	40	47.6	36.1	31.7
Confused or disoriented residents.	70	83.3	60.6	55.8
Residents with bed sores.	4	4.8	5.3	4.7
Residents receiving special skin care.	21	25.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREEN HILLS CTR

Street Address: 6555 US 68 SOUTH		**City and State:** WEST LIBERTY OH 43357	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 105	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
103	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	77.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	82	79.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	75	72.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	68.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	67.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	39	37.9	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	59	57.3	49.1	50.8
Residents requiring restraints.	19	18.4	43.2	41.3
Confused or disoriented residents.	51	49.5	59.0	58.4
Residents with bed sores.	2	1.9	7.6	7.1
Residents receiving special skin care.	26	25.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ADAMS COUNTY MANOR

Street Address: 10856 STATE RT 41	**City and State:** WEST UNION OH 45693

Participation: MEDICAID ICF	**# of Beds:** 40	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 38	**Medicare Residents:** 0	**Medicaid Residents:** 34

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	29	76.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	34	89.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	19	50.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	20	52.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	23	60.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	12	31.6	33.9	29.3
Completely bedfast residents.	5	13.2	1.6	3.6
Residents confined to chairs.	9	23.7	37.3	39.1
Residents requiring restraints.	10	26.3	36.1	31.7
Confused or disoriented residents.	32	84.2	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	27	71.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EAGLE CREEK NURSING CENTER

Street Address: 141 SPRUCE LANE		**City and State:** WEST UNION OH 45693	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	1	86

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	89	89.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	88	88.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	77	77.8	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	70.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	65.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	42	42.4	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	63	63.6	49.1	50.8
Residents requiring restraints.	42	42.4	43.2	41.3
Confused or disoriented residents.	60	60.6	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	3	3.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
REVMONT NURSING HOME

Street Address: 7980 ST RT 125		**City and State:** WEST UNION OH 45693	
Participation: MEDICAID ICF	**# of Beds:** 16	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/28/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 16	**Medicare Residents:** 0	**Medicaid Residents:** 14

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	87.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	15	93.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	81.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	62.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	31.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	25.0	37.3	39.1
Residents requiring restraints.	4	25.0	36.1	31.7
Confused or disoriented residents.	9	56.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	6.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLUMBUS COLONY ELDERLY CARE

Street Address: 1150 COLONY DRIVE	**City and State:** WESTERVILLE OH 43081

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 06/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	93	93.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	93	93.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	58	58.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	65.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	63	63.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	38.4	43.0	37.7
Completely bedfast residents.	5	5.1	3.4	3.4
Residents confined to chairs.	25	25.3	49.1	50.8
Residents requiring restraints.	17	17.2	43.2	41.3
Confused or disoriented residents.	10	10.1	59.0	58.4
Residents with bed sores.	8	8.1	7.6	7.1
Residents receiving special skin care.	8	8.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
EDGEWOOD MANOR OF WESTERVILLE

Street Address: 140 N STATE ST	**City and State:** WESTERVILLE OH 43081

Participation: MEDICAID ICF	**# of Beds:** 70	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/23/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 64	**Medicare Residents:** 0	**Medicaid Residents:** 64

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	64	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	57	89.1	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	43	67.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	46.9	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	39	60.9	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	20	31.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	18	28.1	37.3	39.1
Residents requiring restraints.	16	25.0	36.1	31.7
Confused or disoriented residents.	18	28.1	60.6	55.8
Residents with bed sores.	2	3.1	5.3	4.7
Residents receiving special skin care.	19	29.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANN NH

Street Address: 25 W HOME ST	**City and State:** WESTERVILLE OH 43081

Participation: MEDICAID ICF	**# of Beds:** 184	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 163	**Medicare Residents:** 0	**Medicaid Residents:** 101

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	163	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	153	93.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	133	81.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	98	60.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	133	81.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	43	26.4	33.9	29.3
Completely bedfast residents.	5	3.1	1.6	3.6
Residents confined to chairs.	112	68.7	37.3	39.1
Residents requiring restraints.	88	54.0	36.1	31.7
Confused or disoriented residents.	82	50.3	60.6	55.8
Residents with bed sores.	3	1.8	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE WESTERNVILLE N C

Street Address: 140 COUNTY LINE RD		**City and State:** WESTERVILLE OH 43081	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 180	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
167	3	98

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	121	72.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	132	79.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	129	77.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	71.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	130	77.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	0.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	43	25.7	43.0	37.7
Completely bedfast residents.	10	6.0	3.4	3.4
Residents confined to chairs.	88	52.7	49.1	50.8
Residents requiring restraints.	70	41.9	43.2	41.3
Confused or disoriented residents.	99	59.3	59.0	58.4
Residents with bed sores.	17	10.2	7.6	7.1
Residents receiving special skin care.	45	26.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
VILLAGE AT WESTERVILLE

Street Address: 1060 EASTWIND DRIVE		**City and State:** WESTERVILLE OH 43081	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 24	**Medicare Residents:** 0	**Medicaid Residents:** 13

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	17	70.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	23	95.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	22	91.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	87.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	21	87.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	33.3	43.0	37.7
Completely bedfast residents.	1	4.2	3.4	3.4
Residents confined to chairs.	14	58.3	49.1	50.8
Residents requiring restraints.	4	16.7	43.2	41.3
Confused or disoriented residents.	15	62.5	59.0	58.4
Residents with bed sores.	3	12.5	7.6	7.1
Residents receiving special skin care.	3	12.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COUNTRY ESTATES

Street Address: 31156 DETROIT RD		**City and State:** WESTLAKE OH 44091	
Participation: MEDICAID ICF	**# of Beds:** 44	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
42	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	32	76.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	28	66.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	20	47.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	50.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	19	45.2	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	14.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	9.5	37.3	39.1
Residents requiring restraints.	7	16.7	36.1	31.7
Confused or disoriented residents.	25	59.5	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	4.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DOVER NURSING HOME

Street Address: 28303 DETROIT RD	**City and State:** WESTLAKE OH 44145

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 69

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	88.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	83	92.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	81	90.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	90.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	90.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	18.9	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	66	73.3	49.1	50.8
Residents requiring restraints.	51	56.7	43.2	41.3
Confused or disoriented residents.	34	37.8	59.0	58.4
Residents with bed sores.	5	5.6	7.6	7.1
Residents receiving special skin care.	30	33.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LUTHERAN HOME FOR AGED

Street Address: 2116 DOVER CENTER RD	**City and State:** WESTLAKE OH 44145

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 222	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 214	**Medicare Residents:** 3	**Medicaid Residents:** 112

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	184	86.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	174	81.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	150	70.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	178	83.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	147	68.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	99	46.3	43.0	37.7
Completely bedfast residents.	4	1.9	3.4	3.4
Residents confined to chairs.	116	54.2	49.1	50.8
Residents requiring restraints.	93	43.5	43.2	41.3
Confused or disoriented residents.	146	68.2	59.0	58.4
Residents with bed sores.	24	11.2	7.6	7.1
Residents receiving special skin care.	71	33.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OAKRIDGE NURSING HOME

Street Address: 26520 CENTER RIDGE RD	**City and State:** WESTLAKE OH 44145

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 119	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/26/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 113	**Medicare Residents:** 4	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	92.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	97	85.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	87	77.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	113	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	61.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	82	72.6	43.0	37.7
Completely bedfast residents.	10	8.8	3.4	3.4
Residents confined to chairs.	75	66.4	49.1	50.8
Residents requiring restraints.	51	45.1	43.2	41.3
Confused or disoriented residents.	92	81.4	59.0	58.4
Residents with bed sores.	6	5.3	7.6	7.1
Residents receiving special skin care.	102	90.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
RAE-ANN SUBURBAN

Street Address: 29505 DETROIT RD		**City and State:** WESTLAKE OH 44145	
Participation: MEDICAID ICF	**# of Beds:** 58	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/07/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 54	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	83.3	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	44	81.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	42	77.8	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	68.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	16.7	33.9	29.3
Completely bedfast residents.	1	1.9	1.6	3.6
Residents confined to chairs.	30	55.6	37.3	39.1
Residents requiring restraints.	25	46.3	36.1	31.7
Confused or disoriented residents.	31	57.4	60.6	55.8
Residents with bed sores.	2	3.7	5.3	4.7
Residents receiving special skin care.	4	7.4	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTBAY MANOR

Street Address: 27601 WESTCHESTER PARKWAY	**City and State:** WESTLAKE OH 44145

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 153	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 125	**Medicare Residents:** 0	**Medicaid Residents:** 89

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	99	79.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	106	84.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	93	74.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	92.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	94	75.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	21	16.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	52	41.6	43.0	37.7
Completely bedfast residents.	3	2.4	3.4	3.4
Residents confined to chairs.	95	76.0	49.1	50.8
Residents requiring restraints.	68	54.4	43.2	41.3
Confused or disoriented residents.	93	74.4	59.0	58.4
Residents with bed sores.	10	8.0	7.6	7.1
Residents receiving special skin care.	36	28.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WESTBAY MANOR II

Street Address: 27601 WESTCHESTER PARKWAY	**City and State:** WESTLAKE OH 44145

Participation: MEDICARE SNF	**# of Beds:** 106	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 5	**Medicare Residents:** 5	**Medicaid Residents:** 0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	4	80.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	5	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	5	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	3	60.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	3	60.0	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	4	80.0	49.1	50.8
Residents requiring restraints.	1	20.0	43.2	41.3
Confused or disoriented residents.	3	60.0	59.0	58.4
Residents with bed sores.	1	20.0	7.6	7.1
Residents receiving special skin care.	2	40.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENBRIAR CONVALESCENT CTR

Street Address: 1242 CRESCENT DR		**City and State:** WHEELERSBURG OH 45694	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 143	**Medicare Residents:** 0	**Medicaid Residents:** 120

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	140	97.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	143	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	83	58.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	103	72.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	56.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	3.5	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	23.8	43.0	37.7
Completely bedfast residents.	3	2.1	3.4	3.4
Residents confined to chairs.	30	21.0	49.1	50.8
Residents requiring restraints.	65	45.5	43.2	41.3
Confused or disoriented residents.	80	55.9	59.0	58.4
Residents with bed sores.	10	7.0	7.6	7.1
Residents receiving special skin care.	15	10.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
STERLING BEST CARE

Street Address: 2159 DOGWOOD RIDGE	**City and State:** WHEELERSBURG OH 45694

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 151	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/05/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 147	**Medicare Residents:** 18	**Medicaid Residents:** 129

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	146	99.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	117	79.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	81	55.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	68.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	81	55.1	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	2.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	76	51.7	43.0	37.7
Completely bedfast residents.	1	0.7	3.4	3.4
Residents confined to chairs.	90	61.2	49.1	50.8
Residents requiring restraints.	80	54.4	43.2	41.3
Confused or disoriented residents.	80	54.4	59.0	58.4
Residents with bed sores.	3	2.0	7.6	7.1
Residents receiving special skin care.	56	38.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WHITEHOUSE COUNTRY MANOR

Street Address: 11239 WATERVILLE ST	**City and State:** WHITEHOUSE OH 43571

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 57

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	69	71.1	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	92	94.8	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	69	71.1	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	72.2	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	77	79.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	22	22.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	49	50.5	37.3	39.1
Residents requiring restraints.	40	41.2	36.1	31.7
Confused or disoriented residents.	14	14.4	60.6	55.8
Residents with bed sores.	5	5.2	5.3	4.7
Residents receiving special skin care.	68	70.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WICKLIFFE COUNTRY PLACE

Street Address: 1919 BISHOP ROAD		**City and State:** WICKLIFFE OH 44092	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 189	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
30	9	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	30	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	29	96.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	29	96.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	96.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	24	80.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	15	50.0	43.0	37.7
Completely bedfast residents.	3	10.0	3.4	3.4
Residents confined to chairs.	24	80.0	49.1	50.8
Residents requiring restraints.	10	33.3	43.2	41.3
Confused or disoriented residents.	16	53.3	59.0	58.4
Residents with bed sores.	7	23.3	7.6	7.1
Residents receiving special skin care.	10	33.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HILLSIDE ACRES NURS HOME

Street Address: 380 EAST HOWARD ST	**City and State:** WILLARD OH 44890

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 135	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 131	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	109	83.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	112	85.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	96	73.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	71.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	89	67.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	3.8	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	45.8	43.0	37.7
Completely bedfast residents.	2	1.5	3.4	3.4
Residents confined to chairs.	37	28.2	49.1	50.8
Residents requiring restraints.	60	45.8	43.2	41.3
Confused or disoriented residents.	91	69.5	59.0	58.4
Residents with bed sores.	2	1.5	7.6	7.1
Residents receiving special skin care.	37	28.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLARD QUALITY CARE

Street Address: 725 WESSOR AVE		**City and State:** WILLARD OH 44890	
Participation: MEDICAID ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/25/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
41	0	28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	25	61.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	35	85.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	30	73.2	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	97.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	28	68.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	31.7	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	20	48.8	37.3	39.1
Residents requiring restraints.	15	36.6	36.1	31.7
Confused or disoriented residents.	25	61.0	60.6	55.8
Residents with bed sores.	4	9.8	5.3	4.7
Residents receiving special skin care.	5	12.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LOCUST RIDGE NURSING HOME

Street Address: 12745 ELM CORNER RD		**City and State:** WILLIAMSBURG OH 45176	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	1	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	97	98.0	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	92	92.9	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	75	75.8	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	72.7	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	86	86.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	26	26.3	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	68	68.7	43.0	37.7
Completely bedfast residents.	1	1.0	3.4	3.4
Residents confined to chairs.	66	66.7	49.1	50.8
Residents requiring restraints.	47	47.5	43.2	41.3
Confused or disoriented residents.	67	67.7	59.0	58.4
Residents with bed sores.	6	6.1	7.6	7.1
Residents receiving special skin care.	29	29.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FAIRMOUNT HEALTH CENTER

Street Address: 36855 RIDGE ROAD	**City and State:** WILLOUGHBY OH 44094

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 02/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 87	**Medicare Residents:** 1	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	81.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	72	82.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	55	63.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	69.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	38	43.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	14	16.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	16.1	43.0	37.7
Completely bedfast residents.	1	1.1	3.4	3.4
Residents confined to chairs.	24	27.6	49.1	50.8
Residents requiring restraints.	39	44.8	43.2	41.3
Confused or disoriented residents.	44	50.6	59.0	58.4
Residents with bed sores.	9	10.3	7.6	7.1
Residents receiving special skin care.	16	18.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR CARE OF WILLOUGHBY

Street Address: 37603 EUCLID AVE	**City and State:** WILLOUGHBY OH 44094

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 157	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 123	**Medicare Residents:** 4	**Medicaid Residents:** 36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	119	96.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	111	90.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	88	71.5	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	86	69.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	74.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	28	22.8	43.0	37.7
Completely bedfast residents.	6	4.9	3.4	3.4
Residents confined to chairs.	82	66.7	49.1	50.8
Residents requiring restraints.	60	48.8	43.2	41.3
Confused or disoriented residents.	76	61.8	59.0	58.4
Residents with bed sores.	21	17.1	7.6	7.1
Residents receiving special skin care.	44	35.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SENIOR HEALTH CARE

Street Address: 201 E LOCUST ST		**City and State:** WILMINGTON OH 45177	
Participation: MEDICAID ICF	**# of Beds:** 18	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	0	9

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	76.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	15	88.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	70.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	17	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	64.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	88.2	33.9	29.3
Completely bedfast residents.	1	5.9	1.6	3.6
Residents confined to chairs.	4	23.5	37.3	39.1
Residents requiring restraints.	7	41.2	36.1	31.7
Confused or disoriented residents.	10	58.8	60.6	55.8
Residents with bed sores.	3	17.6	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILMINGTON HEALTH CARE CTR

Street Address: 75 HALE ST		**City and State:** WILMINGTON OH 45177	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 104	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/21/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	86	86.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	88	88.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	82	82.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	81.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	74	74.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	45	45.0	43.0	37.7
Completely bedfast residents.	2	2.0	3.4	3.4
Residents confined to chairs.	50	50.0	49.1	50.8
Residents requiring restraints.	39	39.0	43.2	41.3
Confused or disoriented residents.	78	78.0	59.0	58.4
Residents with bed sores.	6	6.0	7.6	7.1
Residents receiving special skin care.	8	8.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
TOWN HALL ESTATES NURSING HOME

Street Address: RT 322 AND 534 P O BOX 48	**City and State:** WINDSOR OH 44099

Participation: MEDICAID ICF	**# of Beds:** 99	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/13/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 0	**Medicaid Residents:** 62

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	88.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	74	82.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	66	73.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	70.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	70	77.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	15	16.7	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	42.2	33.9	29.3
Completely bedfast residents.	1	1.1	1.6	3.6
Residents confined to chairs.	62	68.9	37.3	39.1
Residents requiring restraints.	69	76.7	36.1	31.7
Confused or disoriented residents.	32	35.6	60.6	55.8
Residents with bed sores.	10	11.1	5.3	4.7
Residents receiving special skin care.	17	18.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DIXON HEALTH CARE CENTER

Street Address: 135 REICHART AVENUE		**City and State:** WINTERSVILLE OH 43952	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 02/17/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
91	0	81

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	74.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	77	84.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	70	76.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	78.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	69	75.8	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	36	39.6	43.0	37.7
Completely bedfast residents.	2	2.2	3.4	3.4
Residents confined to chairs.	67	73.6	49.1	50.8
Residents requiring restraints.	47	51.6	43.2	41.3
Confused or disoriented residents.	48	52.7	59.0	58.4
Residents with bed sores.	6	6.6	7.6	7.1
Residents receiving special skin care.	39	42.9	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
AMERICARE-WOODSFIELD NSG & REHAB CTR

Street Address: AIRPORT ROAD		**City and State:** WOODSFIELD OH 43793	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
14	0	12

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	14	100	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	14	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	14	100	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	92.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	13	92.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	100	43.0	37.7
Completely bedfast residents.	4	28.6	3.4	3.4
Residents confined to chairs.	9	64.3	49.1	50.8
Residents requiring restraints.	7	50.0	43.2	41.3
Confused or disoriented residents.	14	100	59.0	58.4
Residents with bed sores.	1	7.1	7.6	7.1
Residents receiving special skin care.	2	14.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MONROE COUNTY CARE CTR

Street Address: RT 1 BOX 141	**City and State:** WOODSFIELD OH 43793

Participation: MEDICAID ICF	**# of Beds:** 49	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 05/05/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 49	**Medicare Residents:** 0	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	83.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	38	77.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	63.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	27	55.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	14.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	13	26.5	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	16	32.7	37.3	39.1
Residents requiring restraints.	18	36.7	36.1	31.7
Confused or disoriented residents.	28	57.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	16	32.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FOUNTAIN PARK NURSING HOME

Street Address: 1649 PARK ROAD		**City and State:** WOODSTOCK OH 43084	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 51	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/13/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 34	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	26	76.5	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	29	85.3	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	22	64.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	61.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	22	64.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	11	32.4	43.0	37.7
Completely bedfast residents.	2	5.9	3.4	3.4
Residents confined to chairs.	15	44.1	49.1	50.8
Residents requiring restraints.	15	44.1	43.2	41.3
Confused or disoriented residents.	30	88.2	59.0	58.4
Residents with bed sores.	2	5.9	7.6	7.1
Residents receiving special skin care.	13	38.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GLENDORA NURSING HME

Street Address: 1552 N HONEYTOWN RD	**City and State:** WOOSTER OH 44691

Participation: MEDICAID ICF	**# of Beds:** 36	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/08/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 36	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	63.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	28	77.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	24	66.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	75.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	18	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	19.4	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	16.7	33.9	29.3
Completely bedfast residents.	5	13.9	1.6	3.6
Residents confined to chairs.	14	38.9	37.3	39.1
Residents requiring restraints.	13	36.1	36.1	31.7
Confused or disoriented residents.	15	41.7	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	1	2.8	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HORN NURSING HOME

Street Address: 230 N MARKET ST	**City and State:** WOOSTER OH 44691

Participation: MEDICAID ICF	**# of Beds:** 78	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/18/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	59	90.8	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	61	93.8	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	52	80.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	73.8	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	49	75.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	1.5	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	27	41.5	33.9	29.3
Completely bedfast residents.	1	1.5	1.6	3.6
Residents confined to chairs.	32	49.2	37.3	39.1
Residents requiring restraints.	27	41.5	36.1	31.7
Confused or disoriented residents.	33	50.8	60.6	55.8
Residents with bed sores.	5	7.7	5.3	4.7
Residents receiving special skin care.	16	24.6	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SMITHVILLE-WESTERN CARE CENTER

Street Address: 4110 SMITHVILLE WESTERN RD		**City and State:** WOOSTER OH 44691	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 135	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
131	2	56

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	123	93.9	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	124	94.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	92	70.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	77.1	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	91	69.5	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	36.6	43.0	37.7
Completely bedfast residents.	1	0.8	3.4	3.4
Residents confined to chairs.	36	27.5	49.1	50.8
Residents requiring restraints.	80	61.1	43.2	41.3
Confused or disoriented residents.	66	50.4	59.0	58.4
Residents with bed sores.	10	7.6	7.6	7.1
Residents receiving special skin care.	80	61.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WAYNE COUNTY CARE CENTER

Street Address: 876 GEYER CHAPEL ROAD		**City and State:** WOOSTER OH 44691	
Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** LOCAL GOVERNMENT	**Survey Date:** 03/04/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
47	0	45

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	41	87.2	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	43	91.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	31	66.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	32	68.1	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	9	19.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	11	23.4	37.3	39.1
Residents requiring restraints.	21	44.7	36.1	31.7
Confused or disoriented residents.	34	72.3	60.6	55.8
Residents with bed sores.	1	2.1	5.3	4.7
Residents receiving special skin care.	21	44.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WEST VIEW MANOR

Street Address: 1715 MECHANICSBURG RD	**City and State:** WOOSTER OH 44691

Participation: MEDICAID ICF	**# of Beds:** 93	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 07/16/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 92	**Medicare Residents:** 0	**Medicaid Residents:** 29

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	80	87.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	85	92.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	77	83.7	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	90.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	73	79.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	38	41.3	33.9	29.3
Completely bedfast residents.	2	2.2	1.6	3.6
Residents confined to chairs.	63	68.5	37.3	39.1
Residents requiring restraints.	30	32.6	36.1	31.7
Confused or disoriented residents.	65	70.7	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	10	10.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORWORTH CONVALESCENT CENTER

Street Address: 6830 N HIGH ST	**City and State:** WORTHINGTON OH 43085

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 150	**Type of Ownership:** PROPRIETARY	**Survey Date:** 09/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 141	**Medicare Residents:** 1	**Medicaid Residents:** 91

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	112	79.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	111	78.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	106	75.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	73.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	82.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	5	3.5	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	53	37.6	43.0	37.7
Completely bedfast residents.	9	6.4	3.4	3.4
Residents confined to chairs.	65	46.1	49.1	50.8
Residents requiring restraints.	64	45.4	43.2	41.3
Confused or disoriented residents.	90	63.8	59.0	58.4
Residents with bed sores.	11	7.8	7.6	7.1
Residents receiving special skin care.	43	30.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW BROOK CHRISTIAN HOME

Street Address: 55 LAZELLE RD	**City and State:** WORTHINGTON OH 43085

Participation: MEDICAID ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 50	**Medicare Residents:** 0	**Medicaid Residents:** 27

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	37	74.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	39	78.0	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	34	68.0	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	66.0	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	33	66.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	23	46.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	27	54.0	37.3	39.1
Residents requiring restraints.	17	34.0	36.1	31.7
Confused or disoriented residents.	34	68.0	60.6	55.8
Residents with bed sores.	2	4.0	5.3	4.7
Residents receiving special skin care.	21	42.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WORTHINGTON CHRISTIAN VILLAGE

Street Address: 165 HIGHBLUFFS BOULEVARD		**City and State:** WORTHINGTON OH 43085	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 50	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
49	0	8

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	45	91.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	44	89.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	42	85.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	49	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	41	83.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	36.7	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	17	34.7	49.1	50.8
Residents requiring restraints.	22	44.9	43.2	41.3
Confused or disoriented residents.	31	63.3	59.0	58.4
Residents with bed sores.	5	10.2	7.6	7.1
Residents receiving special skin care.	18	36.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WORTHINGTON NURS CONV CTR

Street Address: 1030 HIGH ST		**City and State:** WORTHINGTON OH 43085	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/24/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
92	0	36

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	85	92.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	88	95.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	74	80.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	67.4	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	58	63.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	32	34.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	24	26.1	49.1	50.8
Residents requiring restraints.	33	35.9	43.2	41.3
Confused or disoriented residents.	53	57.6	59.0	58.4
Residents with bed sores.	4	4.3	7.6	7.1
Residents receiving special skin care.	54	58.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENE OAKS HEALTH CTR

Street Address: 164 OFFICE PARK DRIVE		**City and State:** XENIA OH 45385	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 60	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 07/30/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 60	**Medicare Residents:** 1	**Medicaid Residents:** 38

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	28	46.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	45	75.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	45	75.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	76.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	36	60.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	14	23.3	43.0	37.7
Completely bedfast residents.	2	3.3	3.4	3.4
Residents confined to chairs.	39	65.0	49.1	50.8
Residents requiring restraints.	1	1.7	43.2	41.3
Confused or disoriented residents.	27	45.0	59.0	58.4
Residents with bed sores.	1	1.7	7.6	7.1
Residents receiving special skin care.	20	33.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS STATE #	STATE %	NATION #	NATION %
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1215	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GREENWOOD MANOR

Street Address: 711 DAYTON XENIA ROAD		**City and State:** XENIA OH 45385	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 12/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
100	0	95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	68	68.0	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	84	84.0	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	75	75.0	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	78.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	65.0	67.5	68.2
Residents on individually written bowel and bladder retraining program.	40	40.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	48	48.0	43.0	37.7
Completely bedfast residents.	6	6.0	3.4	3.4
Residents confined to chairs.	64	64.0	49.1	50.8
Residents requiring restraints.	47	47.0	43.2	41.3
Confused or disoriented residents.	58	58.0	59.0	58.4
Residents with bed sores.	10	10.0	7.6	7.1
Residents receiving special skin care.	31	31.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HEATHERGREENE ONE

Street Address: 126 WILSON DR		**City and State:** XENIA OH 45385	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/22/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
99	0	65

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	75	75.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	74	74.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	65	65.7	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	69.7	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	65.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	34	34.3	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	41	41.4	49.1	50.8
Residents requiring restraints.	50	50.5	43.2	41.3
Confused or disoriented residents.	65	65.7	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	2	2.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY HOME EAST

Street Address: 1301 MONROE DR	**City and State:** XENIA OH 45385

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/28/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 94	**Medicare Residents:** 3	**Medicaid Residents:** 41

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	88	93.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	25	26.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	80	85.1	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	80.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	68	72.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	40	42.6	43.0	37.7
Completely bedfast residents.	4	4.3	3.4	3.4
Residents confined to chairs.	69	73.4	49.1	50.8
Residents requiring restraints.	53	56.4	43.2	41.3
Confused or disoriented residents.	57	60.6	59.0	58.4
Residents with bed sores.	2	2.1	7.6	7.1
Residents receiving special skin care.	7	7.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HOSPITALITY HOME WEST

Street Address: 1384 MONROE DR		**City and State:** XENIA OH 45385	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 90	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 88	**Medicare Residents:** 3	**Medicaid Residents:** 43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY #	FACILITY %	STATE %	NATION %
Bathing Residents requiring some or total assistance in bathing.	71	80.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	88	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	65	73.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	100	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	88	100	67.5	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	60	68.2	43.0	37.7
Completely bedfast residents.	5	5.7	3.4	3.4
Residents confined to chairs.	44	50.0	49.1	50.8
Residents requiring restraints.	53	60.2	43.2	41.3
Confused or disoriented residents.	81	92.0	59.0	58.4
Residents with bed sores.	3	3.4	7.6	7.1
Residents receiving special skin care.	5	5.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FRIENDS CARE CENTER

Street Address: 150 EAST HERMAN STREET	**City and State:** YELLOW SPRINGS OH 45387

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 66	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 09/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 65	**Medicare Residents:** 0	**Medicaid Residents:** 42

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	23	35.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	55	84.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	37	56.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	66.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	37	56.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	18	27.7	43.0	37.7
Completely bedfast residents.	2	3.1	3.4	3.4
Residents confined to chairs.	20	30.8	49.1	50.8
Residents requiring restraints.	18	27.7	43.2	41.3
Confused or disoriented residents.	37	56.9	59.0	58.4
Residents with bed sores.	9	13.8	7.6	7.1
Residents receiving special skin care.	4	6.2	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
FORD-HULL-MAR

Street Address: 212 4TH ST	**City and State:** YORKVILLE OH 43971

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** PROPRIETARY	**Survey Date:** 12/09/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 18	**Medicare Residents:** 0	**Medicaid Residents:** 18

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	18	100	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	12	66.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	55.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	14	77.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	6	33.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	6	33.3	33.9	29.3
Completely bedfast residents.	1	5.6	1.6	3.6
Residents confined to chairs.	4	22.2	37.3	39.1
Residents requiring restraints.	1	5.6	36.1	31.7
Confused or disoriented residents.	10	55.6	60.6	55.8
Residents with bed sores.	1	5.6	5.3	4.7
Residents receiving special skin care.	6	33.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
ASHLEY PLACE HEALTH CARE

Street Address: 491 ASHLEY PLACE		**City and State:** YOUNGSTOWN OH 44515	
Participation: MEDICARE/MEDICAID SNF	**# of Beds:** 108	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 11/06/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
36	1	32

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	34	94.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	35	97.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	35	97.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	97.2	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	29	80.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	3	8.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	24	66.7	43.0	37.7
Completely bedfast residents.	6	16.7	3.4	3.4
Residents confined to chairs.	0	0.0	49.1	50.8
Residents requiring restraints.	18	50.0	43.2	41.3
Confused or disoriented residents.	19	52.8	59.0	58.4
Residents with bed sores.	6	16.7	7.6	7.1
Residents receiving special skin care.	13	36.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE ASSUMPTION NSG HM

Street Address: 550 S CHALMERS AVE		**City and State:** YOUNGSTOWN OH 44511	
Participation: MEDICAID ICF	**# of Beds:** 126	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 10/02/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
125	0	63

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	105	84.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	112	89.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	97	77.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	104	83.2	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	87	69.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	52	41.6	33.9	29.3
Completely bedfast residents.	3	2.4	1.6	3.6
Residents confined to chairs.	79	63.2	37.3	39.1
Residents requiring restraints.	72	57.6	36.1	31.7
Confused or disoriented residents.	97	77.6	60.6	55.8
Residents with bed sores.	7	5.6	5.3	4.7
Residents receiving special skin care.	35	28.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CAMELOT ARMS CARE CENTER

Street Address: 2958 CANFIELD ROAD	**City and State:** YOUNGSTOWN OH 44511

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 04/07/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 96	**Medicare Residents:** 0	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	84	87.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	93	96.9	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	84	87.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	85.4	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	71	74.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	45	46.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	24	25.0	33.9	29.3
Completely bedfast residents.	1	1.0	1.6	3.6
Residents confined to chairs.	34	35.4	37.3	39.1
Residents requiring restraints.	60	62.5	36.1	31.7
Confused or disoriented residents.	62	64.6	60.6	55.8
Residents with bed sores.	12	12.5	5.3	4.7
Residents receiving special skin care.	17	17.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COLONIAL MANOR NURSING HOME

Street Address: 196 COLONIAL DRIVE	**City and State:** YOUNGSTOWN OH 44505

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 04/04/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 90	**Medicare Residents:** 2	**Medicaid Residents:** 88

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	65	72.2	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	78	86.7	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	67	74.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	80.0	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	65	72.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	8	8.9	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	30	33.3	43.0	37.7
Completely bedfast residents.	3	3.3	3.4	3.4
Residents confined to chairs.	69	76.7	49.1	50.8
Residents requiring restraints.	22	24.4	43.2	41.3
Confused or disoriented residents.	45	50.0	59.0	58.4
Residents with bed sores.	15	16.7	7.6	7.1
Residents receiving special skin care.	6	6.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
COVINGTON HOUSE INC

Street Address: 264 BROADWAY AVE		**City and State:** YOUNGSTOWN OH 44504	
Participation: MEDICAID ICF	**# of Beds:** 28	**Type of Ownership:** PROPRIETARY	**Survey Date:** 06/17/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 28	**Medicare Residents:** 0	**Medicaid Residents:** 28

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	19	67.9	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	22	78.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	42.9	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	39.3	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	11	39.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	7	25.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	15	53.6	33.9	29.3
Completely bedfast residents.	1	3.6	1.6	3.6
Residents confined to chairs.	9	32.1	37.3	39.1
Residents requiring restraints.	6	21.4	36.1	31.7
Confused or disoriented residents.	4	14.3	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	11	39.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DANRIDGE NURSING HOME

Street Address: 1825 OAK HILL AVE		**City and State:** YOUNGSTOWN OH 44507	
Participation: MEDICAID ICF	**# of Beds:** 32	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/08/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
26	0	25

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	14	53.8	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	19	73.1	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	13	50.0	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	84.6	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	13	50.0	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	15.4	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	6	23.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	4	15.4	37.3	39.1
Residents requiring restraints.	5	19.2	36.1	31.7
Confused or disoriented residents.	20	76.9	60.6	55.8
Residents with bed sores.	4	15.4	5.3	4.7
Residents receiving special skin care.	6	23.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
HERITAGE MANOR

Street Address: 517 GYPSY LANE	**City and State:** YOUNGSTOWN OH 44501

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 72	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 66	**Medicare Residents:** 2	**Medicaid Residents:** 30

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	54	81.8	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	54	81.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	47	71.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	63.6	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	42	63.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	17	25.8	43.0	37.7
Completely bedfast residents.	2	3.0	3.4	3.4
Residents confined to chairs.	20	30.3	49.1	50.8
Residents requiring restraints.	21	31.8	43.2	41.3
Confused or disoriented residents.	32	48.5	59.0	58.4
Residents with bed sores.	2	3.0	7.6	7.1
Residents receiving special skin care.	23	34.8	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
LITTLE FOREST MEDICAL CENTER

Street Address: 5665 SOUTH AVE		**City and State:** YOUNGSTOWN OH 44512	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 221	**Type of Ownership:** PROPRIETARY	**Survey Date:** 01/25/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
189	30	154

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	150	79.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	163	86.2	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	129	68.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	134	70.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	135	71.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	18	9.5	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	72	38.1	43.0	37.7
Completely bedfast residents.	11	5.8	3.4	3.4
Residents confined to chairs.	104	55.0	49.1	50.8
Residents requiring restraints.	98	51.9	43.2	41.3
Confused or disoriented residents.	113	59.8	59.0	58.4
Residents with bed sores.	13	6.9	7.6	7.1
Residents receiving special skin care.	84	44.4	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MANOR HOUSE

Street Address: 259 PARK AVE	**City and State:** YOUNGSTOWN OH 44504

Participation: MEDICAID ICF	**# of Beds:** 21	**Type of Ownership:** NON-PROFIT OTHER	**Survey Date:** 08/18/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 21	**Medicare Residents:** 0	**Medicaid Residents:** 20

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	71.4	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	14	66.7	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	7	33.3	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	57.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	7	33.3	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	1	4.8	37.3	39.1
Residents requiring restraints.	1	4.8	36.1	31.7
Confused or disoriented residents.	12	57.1	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	2	9.5	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
MILLCREEK MANOR

Street Address: 721 COHASSET DR		**City and State:** YOUNGSTOWN OH 44511	
Participation: MEDICAID ICF	**# of Beds:** 20	**Type of Ownership:** PROPRIETARY	**Survey Date:** 08/14/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
17	0	17

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	13	76.5	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	6	35.3	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	4	23.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	4	23.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	4	23.5	62.7	59.1
Residents on individually written bowel and bladder retraining program.	1	5.9	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	0	0.0	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	2	11.8	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	5	29.4	60.6	55.8
Residents with bed sores.	1	5.9	5.3	4.7
Residents receiving special skin care.	1	5.9	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTH MANOR CENTER

Street Address: 115 ILLINOIS AVE	**City and State:** YOUNGSTOWN OH 44505

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 06/24/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 92

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	66	68.0	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	51	52.6	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	12	12.4	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	2.1	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	12	12.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	3	3.1	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	0	0.0	37.3	39.1
Residents requiring restraints.	0	0.0	36.1	31.7
Confused or disoriented residents.	40	41.2	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	5	5.2	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
NORTHSIDE NURSING HOME

Street Address: 480 LORA AVENUE	**City and State:** YOUNGSTOWN OH 44504

Participation: MEDICAID ICF	**# of Beds:** 31	**Type of Ownership:** PROPRIETARY	**Survey Date:** 11/03/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 19	**Medicare Residents:** 0	**Medicaid Residents:** 19

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	6	31.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	13	68.4	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	10	52.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	52.6	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	52.6	62.7	59.1
Residents on individually written bowel and bladder retraining program.	3	15.8	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	5	26.3	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	6	31.6	37.3	39.1
Residents requiring restraints.	6	31.6	36.1	31.7
Confused or disoriented residents.	13	68.4	60.6	55.8
Residents with bed sores.	1	5.3	5.3	4.7
Residents receiving special skin care.	4	21.1	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OHIO PRESBYTERIAN HOME PARK VISTA UNIT

Street Address: 1216 5TH AVE		**City and State:** YOUNGSTOWN OH 44504	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 152	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 02/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 89	**Medicare Residents:** 1	**Medicaid Residents:** 39

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	92.1	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	89	100	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	78	87.6	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	89.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	66	74.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	58	65.2	43.0	37.7
Completely bedfast residents.	2	2.2	3.4	3.4
Residents confined to chairs.	77	86.5	49.1	50.8
Residents requiring restraints.	42	47.2	43.2	41.3
Confused or disoriented residents.	74	83.1	59.0	58.4
Residents with bed sores.	9	10.1	7.6	7.1
Residents receiving special skin care.	35	39.3	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OMNI MANOR INC

Street Address: 3245 VESTAL ROAD		**City and State:** YOUNGSTOWN OH 44509	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 209	**Type of Ownership:** PROPRIETARY	**Survey Date:** 10/29/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:
196	0	169

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	164	83.7	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	172	87.8	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	139	70.9	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	176	89.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	116	59.2	67.5	68.2
Residents on individually written bowel and bladder retraining program.	43	21.9	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	85	43.4	43.0	37.7
Completely bedfast residents.	2	1.0	3.4	3.4
Residents confined to chairs.	93	47.4	49.1	50.8
Residents requiring restraints.	89	45.4	43.2	41.3
Confused or disoriented residents.	95	48.5	59.0	58.4
Residents with bed sores.	11	5.6	7.6	7.1
Residents receiving special skin care.	64	32.7	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
SLEIGH BELL RESIDENCE

Street Address: 461 S CANFIELD NILES ROAD	**City and State:** YOUNGSTOWN OH 44515

Participation: MEDICAID ICF	**# of Beds:** 98	**Type of Ownership:** PROPRIETARY	**Survey Date:** 05/12/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
95	0	67

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	74.7	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	79	83.2	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	68	71.6	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	95	100	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	67.4	62.7	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	16	16.8	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	21	22.1	37.3	39.1
Residents requiring restraints.	40	42.1	36.1	31.7
Confused or disoriented residents.	56	58.9	60.6	55.8
Residents with bed sores.	10	10.5	5.3	4.7
Residents receiving special skin care.	14	14.7	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINDSOR HOUSE #1703

Street Address: 1735 BELMONT AVE	**City and State:** YOUNGSTOWN OH 44504

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 109	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 102	**Medicare Residents:** 1	**Medicaid Residents:** 95

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	71	69.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	98	96.1	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	90	88.2	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	58.8	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	62.7	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	63	61.8	43.0	37.7
Completely bedfast residents.	5	4.9	3.4	3.4
Residents confined to chairs.	63	61.8	49.1	50.8
Residents requiring restraints.	19	18.6	43.2	41.3
Confused or disoriented residents.	38	37.3	59.0	58.4
Residents with bed sores.	12	11.8	7.6	7.1
Residents receiving special skin care.	23	22.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
CEDAR HILL CARE CENTER

Street Address: 1136 ADAIR AVE		**City and State:** ZANESVILLE OH 43701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 108	**Type of Ownership:** PROPRIETARY	**Survey Date:** 07/10/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 106	**Medicare Residents:** 25	**Medicaid Residents:** 78

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	82	77.4	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	96	90.6	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	99	93.4	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	80	75.5	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	64	60.4	67.5	68.2
Residents on individually written bowel and bladder retraining program.	12	11.3	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	35	33.0	43.0	37.7
Completely bedfast residents.	1	0.9	3.4	3.4
Residents confined to chairs.	75	70.8	49.1	50.8
Residents requiring restraints.	42	39.6	43.2	41.3
Confused or disoriented residents.	52	49.1	59.0	58.4
Residents with bed sores.	0	0.0	7.6	7.1
Residents receiving special skin care.	9	8.5	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
DRAKE NH

Street Address: 750 FINDLEY AVE	**City and State:** ZANESVILLE OH 43701

Participation: MEDICAID ICF	**# of Beds:** 30	**Type of Ownership:** NON-PROFIT PRIVATE	**Survey Date:** 05/15/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 17	**Medicare Residents:** 0	**Medicaid Residents:** 15

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	3	17.6	78.6	78.3
Dressing Residents requiring some or total assistance in dressing.	13	76.5	81.6	76.7
Toileting Residents requiring some or total assistance in toileting.	13	76.5	65.9	63.4
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	13	76.5	71.1	66.0
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	58.8	62.7	59.1
Residents on individually written bowel and bladder retraining program.	6	35.3	8.0	6.1
Eating Residents receiving tube feedings or requiring assistance with eating.	7	41.2	33.9	29.3
Completely bedfast residents.	1	5.9	1.6	3.6
Residents confined to chairs.	6	35.3	37.3	39.1
Residents requiring restraints.	5	29.4	36.1	31.7
Confused or disoriented residents.	8	47.1	60.6	55.8
Residents with bed sores.	1	5.9	5.3	4.7
Residents receiving special skin care.	6	35.3	23.5	24.0

SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
GOOD SAMARITAN MEDICAL CENTER

Street Address: 800 FOREST AVE		**City and State:** ZANESVILLE OH 43701	
Participation: MEDICARE SNF	**# of Beds:** 18	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 03/03/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	**Medicare Residents:**	**Medicaid Residents:**
18	11	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	15	83.3	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	16	88.9	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	15	83.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	88.9	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	10	55.6	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	8	44.4	43.0	37.7
Completely bedfast residents.	4	22.2	3.4	3.4
Residents confined to chairs.	11	61.1	49.1	50.8
Residents requiring restraints.	4	22.2	43.2	41.3
Confused or disoriented residents.	3	16.7	59.0	58.4
Residents with bed sores.	3	16.7	7.6	7.1
Residents receiving special skin care.	9	50.0	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
OHIO DISTRICT COUNCIL NURSING HOME

Street Address: 3125 EAST PIKE		**City and State:** ZANESVILLE OH 43701	
Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 100	**Type of Ownership:** NON-PROFIT RELIGIOUS	**Survey Date:** 11/19/87

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 97	**Medicare Residents:** 0	**Medicaid Residents:** 94

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	81	83.5	83.6	81.5
Dressing				
Residents requiring some or total assistance in dressing.	84	86.6	87.3	83.2
Toileting				
Residents requiring some or total assistance in toileting.	67	69.1	74.4	73.8
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	61	62.9	77.5	77.2
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	63	64.9	67.5	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	5.6	4.6
Eating				
Residents receiving tube feedings or requiring assistance with eating.	35	36.1	43.0	37.7
Completely bedfast residents.	3	3.1	3.4	3.4
Residents confined to chairs.	34	35.1	49.1	50.8
Residents requiring restraints.	43	44.3	43.2	41.3
Confused or disoriented residents.	64	66.0	59.0	58.4
Residents with bed sores.	2	2.1	7.6	7.1
Residents receiving special skin care.	97	100	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available
from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WILLOW HAVEN NURSING HOME

Street Address: 1122 W TAYLOR ST	**City and State:** ZANESVILLE OH 43701

Participation: MEDICAID ICF	**# of Beds:** 100	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/11/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 99	**Medicare Residents:** 0	**Medicaid Residents:** 72

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing				
Residents requiring some or total assistance in bathing.	74	74.7	78.6	78.3
Dressing				
Residents requiring some or total assistance in dressing.	90	90.9	81.6	76.7
Toileting				
Residents requiring some or total assistance in toileting.	69	69.7	65.9	63.4
Transferring				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	75.8	71.1	66.0
Continence				
Residents with catheters or partial or total loss of bowel or bladder control.	70	70.7	62.7	59.1
Residents on individually written bowel and bladder retraining program.	4	4.0	8.0	6.1
Eating				
Residents receiving tube feedings or requiring assistance with eating.	24	24.2	33.9	29.3
Completely bedfast residents.	0	0.0	1.6	3.6
Residents confined to chairs.	14	14.1	37.3	39.1
Residents requiring restraints.	47	47.5	36.1	31.7
Confused or disoriented residents.	35	35.4	60.6	55.8
Residents with bed sores.	0	0.0	5.3	4.7
Residents receiving special skin care.	0	0.0	23.5	24.0

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns Indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	32	6.4	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	11	2.2	198	3.6
Each resident is free from mental and physical abuse.	MET	7	1.4	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	64	12.9	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	91	18.3	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	11	2.2	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.4	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	58	11.7	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	96	19.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	71	14.3	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	55	11.1	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	57	11.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	67	13.5	700	12.8

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	35	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	90	18.1	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	64	12.9	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	128	25.8	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	181	36.4	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	51	10.3	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	53	10.7	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	79	15.9	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	175	35.2	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	168	33.8	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	124	24.9	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	18	3.6	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	313	63.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

NURSING HOME PROFILE
WINTER HOUSE

Street Address: 1856 ADAMS LANE	**City and State:** ZANESVILLE OH 43701

Participation: MEDICARE/MEDICAID SNF/ICF	**# of Beds:** 101	**Type of Ownership:** PROPRIETARY	**Survey Date:** 03/23/88

SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey: 98	**Medicare Residents:** 0	**Medicaid Residents:** 79

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION
	#	%	%	%
Bathing Residents requiring some or total assistance in bathing.	79	80.6	83.6	81.5
Dressing Residents requiring some or total assistance in dressing.	75	76.5	87.3	83.2
Toileting Residents requiring some or total assistance in toileting.	62	63.3	74.4	73.8
Transferring Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	63	64.3	77.5	77.2
Continence Residents with catheters or partial or total loss of bowel or bladder control.	62	63.3	67.5	68.2
Residents on individually written bowel and bladder retraining program.	27	27.6	5.6	4.6
Eating Residents receiving tube feedings or requiring assistance with eating.	38	38.8	43.0	37.7
Completely bedfast residents.	0	0.0	3.4	3.4
Residents confined to chairs.	14	14.3	49.1	50.8
Residents requiring restraints.	23	23.5	43.2	41.3
Confused or disoriented residents.	44	44.9	59.0	58.4
Residents with bed sores.	6	6.1	7.6	7.1
Residents receiving special skin care.	6	6.1	28.4	31.2

SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	27	6.0	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	13	2.9	518	5.5
Each resident is free from mental and physical abuse.	MET	8	1.8	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	57	12.7	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	86	19.1	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	1	0.2	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	2	0.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	1	0.2	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	5	1.1	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	2	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	60	13.3	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	103	22.9	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	96	21.3	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	54	12.0	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	72	16.0	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	107	23.8	1665	17.6

SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	73	16.2	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	91	20.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	72	16.0	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	133	29.6	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	113	25.1	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	50	11.1	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	30	6.7	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	56	12.4	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	153	34.0	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	138	30.7	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	60	13.3	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	49	10.9	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	10.7	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	143	31.8	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	21	4.7	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	283	62.9	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

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